

DRUG ABUSE PREVENTION AND TREATMENT ACT OF 1986

AUGUST 14, 1986.—Ordered to be printed

Mr. DINGELL, from the Committee on Energy and Commerce,
submitted the following

REPORT

together with

DISSENTING VIEWS

[To accompany H.R. 5334 which on August 5, 1986, was referred jointly to the Committee on Energy and Commerce, the Committee on Interior and Insular Affairs, the Committee on the Judiciary, and the Committee on Education and Labor]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 5334) to establish Federal programs for the prevention and treatment of drug abuse, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

The amendment is as follows:

Strike out all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Drug Abuse Prevention and Treatment Act of 1986".

TITLE I—FINANCIAL ASSISTANCE TO STATES AND COMMUNITIES

SEC. 101. ALLOTMENTS TO STATES.

Title XIX of the Public Health Service Act is amended by adding at the end the following:

4/1/86

"PART D—EMERGENCY SUBSTANCE ABUSE TREATMENT AND PREVENTION

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 1935. For the purpose of the Agency for Substance Abuse Prevention and for allotments under sections 1937 and 1938, there is authorized to be appropriated \$180,000 for fiscal year 1987.

"AGENCY FOR SUBSTANCE ABUSE PREVENTION

"SEC. 1936. Of the funds appropriated under section 1935, \$30,000,000 shall be made available for the Agency for Substance Abuse Prevention established under section 507.

"ALLOTMENTS FOR TREATMENT SERVICES FOR DRUG ABUSE

"SEC. 1937. (a) From two thirds of the amount appropriated under section 1935 and available for allotments, the Secretary shall allot to each State an amount determined by a formula prescribed by the Secretary which is based equally on the population of each State and on the population of each State weighted by its relative per capita income. Any amount paid to a State from its allotment and remaining unobligated at the end of fiscal year 1987 shall be returned to the Treasury.

"(b) Amounts paid to a State under its allotment under subsection (a) shall be used to provide treatment and rehabilitation services for persons suffering from drug abuse. In using its allotment under subsection (a), a State shall give priority, to the extent practicable, to treatment and rehabilitation services for individual in the age group 15 to 24.

"(c) In order to receive an allotment under subsection (a) each State shall transmit an application to the Secretary. Each such application shall be in such form and transmitted by such date as the Secretary shall require. Each such application shall contain a plan for the use of amounts paid to the State under its allotment in accordance with this section and section 939.

"ALLOTMENTS FOR COMMUNITY-BASED PREVENTION ACTIVITIES

"SEC. 1938. (a) From one third to the amounts appropriated under section 1935 and available for allotments, the Secretary, acting through the Agency for Substance Abuse Prevention established under section 507, shall allot to each State an amount determined on the basis of the relative population of each State in the age group of 5 through 24.

"(b) Amounts paid to a State under in allotment under subsection (a) shall be used for—

"(1) the development by the State of a substance abuse prevention education program,

"(2) the development of community-based substance abuse prevention activities among school-aged children which will make the use of drugs unattractive to such children, and

"(3) the development by the State of an education program relating to the risks of acquired immune deficiency syndrome among individuals who use drugs intravenously and relating to the transmittal of acquired immune deficiency syndrome from pregnant women to unborn children.

"(c) In order to receive an allotment under subsection (a) each State shall transmit an application to the Secretary. Each such application shall be in such form and transmitted by such date as the Secretary shall require. Each such application shall contain a plan for the use of amounts paid to the State under its allotment in accordance with this section and section 1939.

"GENERAL PROVISIONS

"SEC. 1939. (a) A State may not use amounts paid to it under its allotment under section 1937 or 1938 to—

"(1) provide inpatient hospital services,

"(2) make cash payments to intended recipients of health services,

"(3) purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment,

"(4) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds,

"(5) pay administrative costs, or

- "(6) provide financial assistance to any entity other than a public or nonprofit private entity.
- "(b) The provisions of part B which are not inconsistent with subsection (a) or section 1937 or 1938 shall apply with respect to allotments made under sections 1937 and 1938."

TITLE II—AGENCY FOR SUBSTANCE ABUSE PREVENTION; STUDY

SEC. 201. AGENCY FOR SUBSTANCE ABUSE PREVENTION.

Part A of title V of the Public Health Service Act is amended by adding at the end the following:

"AGENCY FOR SUBSTANCE ABUSE PREVENTION

"Sec. 507. (a) There is established in the Alcohol, Drug Abuse, and Mental Health Administration the Agency for Substance Abuse Prevention. The Agency shall be headed by a Director appointed by the Secretary from individuals with extensive experience or academic qualifications in the prevention of drug or alcohol abuse.

"(b) The Director of the Office shall—

"(1) sponsor regional workshops on the prevention of drug and alcohol abuse,

"(2) coordinate the findings of research sponsored by agencies of the Service on the prevention of drug and alcohol abuse,

"(3) develop effective drug or alcohol abuse prevention literature (including literature on the adverse effects of cocaine free base (known as 'crack'),

"(4) create public service announcements for radio and television broadcasting on the prevention of drug and alcohol abuse,

"(5) in cooperation with the Secretary of Education, assure the widespread dissemination of prevention materials among States, political subdivisions, and school systems,

"(6) support programs of clinical training of substance abuse counselors and other health professionals,

"(7) in cooperation with the Director of the Centers for Disease Control, develop educational materials to reduce the risks of acquired immune deficiency syndrome among intravenous drug abusers, and

"(8) administer the allotment programs under part D of title XIX.

"(c)(1) There is established an advisory board to advise the Director of the Office in carrying out subsection (b). The Board shall—

"(A) advise the Director and the White House Conference on Drug Abuse and Drug Trafficking Control and other governmental agencies in promoting an awareness among the general public about the problems of drug use and the need to prevent drug use among young people,

"(B) advise the Director with respect to establishing priorities in conducting an informational campaign aimed at preventing drug abuse,

"(C) advise the Director on the most effective means of communicating to the public the problems associated with drug abuse and how best to provide information that will contribute towards the prevention of drug abuse,

"(D) promote an awareness among the media throughout the country about problems relating to drug use,

"(E) encourage media outlets throughout the country to provide information, including public service announcements, to be aimed at assisting in the prevention of drug use,

"(F) advise the Director and media entities in the preparation and production of material, including public service announcements, aimed at discouraging drug use by young people,

"(G) encourage private sector initiatives aimed at drug abuse prevention,

"(H) encourage local broadcasters, newspapers, cable systems, and other media outlets to work closely with their local community, including representatives of schools, businesses, and religious and parent groups, to devise effective means for disseminating information about the need to discourage drug use by young people, and

"(I) aid in coordinating the efforts of all Federal agencies to provide information to the public on the need for drug abuse prevention and on the problems related to drug abuse.

"(2) The advisory board established under paragraph (1) shall be composed of 15 members appointed by the Secretary and shall include representatives from radio and television broadcasting, cable communications, program production, the print media, advertising media, and professional sports associations. A member of the ad-

visory board shall receive no compensation by virtue of the member's appointment to the advisory board.

"(3) The Secretary shall provide the advisory board with such administrative support services as it may require to carry out paragraph (1).

"(d) The advisory board shall terminate upon the expiration of 3 years after the date of the enactment of this section unless the President extends it by Executive Order."

SEC. 202. COVERAGE STUDY.

The Secretary of Health and Human Services shall contract with the Institute of Medicine of the National Academy of Sciences to conduct a study of (1) the extent of the coverage of drug abuse treatment provided by private insurance, public programs, and other sources of payment for such treatment, and (2) the adequacy of such coverage in rehabilitating drug abusers. Not later than one year after the date of the enactment of this Act the Secretary shall transmit to the Congress a report of the results of the study conducted under this section. The report shall include recommendations for the means of meeting identified needs.

TITLE III—WHITE HOUSE CONFERENCE ON DRUG ABUSE AND DRUG TRAFFICKING CONTROL

SEC. 301. AUTHORIZATION OF WHITE HOUSE CONFERENCE.

The President shall call a White House Conference on Drug Abuse and Drug Trafficking Control (in this title referred to as the "Conference"), in accordance with this title, not later than 9 months after the date of the enactment of this title in order to develop recommendations for further action to prevent drug abuse and make treatment services available to drug abusers and to control the illicit trafficking of controlled substances internationally and in the United States.

SEC. 302. PURPOSES OF CONFERENCE.

(a) **IN GENERAL.**—The purposes of the Conference are—

(1) to increase public awareness of, and to focus attention on, various aspects of the problems of drug abuse and drug trafficking control (including issues of enforcement of controlled substance laws and of prevention of drug abuse and treatment and rehabilitation of drug abusers);

(2) to pool information and experiences to vigorously and directly attack drug abuse at all levels—local, State, Federal, and international; and

(3) to assist in formulating a national strategy (encompassing international, Federal, State, and local activities) to control trafficking in controlled substances and to prevent and discourage drug abuse and to make treatment services available to drug abusers.

(b) **SPECIFIC CONSIDERATIONS.**—The Conference shall specifically review—

(1) the impact of recently enacted laws (including the Comprehensive Crime Control Act of 1984 and the Balanced Budget and Emergency Deficit Reduction Act of 1985) on efforts to control trafficking in controlled substances and to prevent drug abuse and to treat drug abusers,

(2) the recommendations of the President's Commission on Organized Crime as they relate to drug abuse and control of trafficking in controlled substances,

(3) the extent to which the sanctions in section 481 of the Foreign Assistance Act of 1961 (22 U.S.C. 2291) have been, or should be, used in encouraging foreign states to comply with their international responsibilities respecting controlled substances, and

(4) the circumstances contributing to the initiation of illicit drug usage, with particular emphasis on the onset of drug use by youth.

SEC. 303. CONFERENCE REPORT AND FOLLOW-UP ACTIONS.

(a) **FINAL REPORT.**—Not more than 6 months after the date on which the Conference is convened, a final report of the Conference shall be submitted to the President and the Congress. The report shall include the findings and recommendations of the Conference as well as proposals for any legislative action necessary to implement the recommendations of the Conference. The final report of the Conference shall be available to the public.

(b) **FOLLOW-UP ACTIONS.**—The President shall report to the Congress annually, during the 3-year period following the submission of the final report of the Conference, on the status and implementation of the findings and recommendations of the Conference.

SEC. 394. ORGANIZATION OF CONFERENCE.

(a) **PARTICIPATION OF APPROPRIATE CABINET OFFICERS AND OTHER OFFICIALS.**—The President shall—

- (1) ensure the active participation in the Conference of appropriate cabinet officers, and
- (2) shall provide for the involvement in the Conference of—
 - (A) elected officials at the Federal, State, and local levels,
 - (B) persons from business and industry,
 - (C) individuals distinguished in medicine, public health, law, sociology, education, and law enforcement, and
 - (D) private citizens who have first-hand experience with drug abuse.

(b) **ASSISTANCE OF FEDERAL AGENCIES.**—All Federal departments, agencies, and instrumentalities shall provide such support and assistance as may be necessary to facilitate the planning and administration of the Conference.

(c) **NO PAYMENT OF INDIVIDUAL EXPENSES.**—Each participant in the Conference shall be responsible for the participant's expenses related to attending the Conference and shall not be reimbursed from funds appropriated to carry out this title.

(d) **DETAIL OF STAFF.**—Appropriate cabinet officers may detail employees to work on the planning and administering of the conference without regard to section 3341(b) of title 5, United States Code.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated for fiscal year 1987 to carry out this title such sums as may be necessary.

(f) **RESTRICTION ON EXPENDITURES AND CONTRACTING.**—New spending authority or authority to enter contracts as provided in this title shall be effective only to such extent and in such amounts as are provided in advance in appropriation Acts.

SEC. 395. DEFINITIONS.

In this title:

(1) **CONTROLLED SUBSTANCES.**—The term "controlled substances" has the meaning given such term in section 102(6) of the Controlled Substances Act (21 U.S.C. 802(6)).

(2) **APPROPRIATE CABINET OFFICER.**—The term "appropriate cabinet officers" means the Attorney General, the Secretary of State, the Secretary of Health and Human Services, the Secretary of Defense, the Secretary of the Treasury, the Secretary of Transportation, the Secretary of Education, and such other cabinet officers as have responsibilities respecting controlled substances abuse and control (including combating illicit production, trafficking, or distribution of controlled substances).

(3) **STATE.**—The term "State" includes the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, and American Samoa.

SEC. 396. EFFECTIVE DATE.

This title shall take effect October 1, 1986.

TITLE IV—DESIGNER DRUGS

SEC. 401. INCLUSION OF DESIGNER DRUGS IN CONTROLLED SUBSTANCES ACT.

(a) **DEFINITION.**—Section 102 of the Controlled Substances Act (21 U.S.C. 802) is amended by adding at the end thereof the following:

"(31)(A) Except as provided in subparagraph (B), the term 'controlled substance analog' means a substance—

"(i) the chemical structure of which is substantially similar to the chemical structure of a controlled substance in schedule I or II; and

"(ii)(I) which has a stimulant, depressant, or hallucinogenic effect on the human central nervous system; or

"(II) with respect to a particular person, which such person represents or intends to have a stimulant, depressant, or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance.

"(B) Such term does not include—

"(i) a controlled substance;

"(ii) any substance for which there is an approved new drug application;

"(iii) with respect to a particular person any substance, if an exemption is in effect for investigational use, for that person, under section 505 of the Federal Food, Drug, to the extent conduct with respect to such substance is pursuant to such exemption; or

"(iv) any substance that is the subject of preclinical research if the substance is not intended for human consumption.

"(32) The term 'human consumption' means any use of a substance that allows the substance to have an effect in or on the human body through inhalation, injection, application, or ingestion."

(b) TREATMENT OF CONTROLLED SUBSTANCE ANALOGS.—Part B of the Controlled Substances Act is amended by adding at the end the following new section:

"TREATMENT OF CONTROLLED SUBSTANCE ANALOGS

"Sec. 203. A controlled substance analog shall, to the extent intended for human consumption, be treated, for the purposes of the Controlled Substances Act and the Controlled Substances Import and Export Act as a controlled substance in schedule I."

(c) CLERICAL AMENDMENT.—The table of contents of the Comprehensive Drug Abuse Prevention and Control Act of 1970 is amended by inserting after the item relating to section 202 the following new item:

"Sec. 203. Treatment of controlled substances analogs."

TITLE V—SUBSTANCE ABUSE AMONG INDIANS

SEC. 501. INTER-AGENCY AGREEMENT

Within 180 days of the date of enactment of this title, the Secretary of Health and Human Services shall enter into an agreement with the Secretary of the Interior and the Secretary of Education to coordinate the efforts of their Departments related to alcohol and drug abuse among Indian youth. The agreement shall provide for the identification and coordination of available resources and programs, including the program developed under section 502, to combat Indian youth alcohol and drug abuse through prevention, education, counseling, referral, and treatment. The Secretary shall publish such agreement in the Federal Register within 30 days after an agreement has been entered into pursuant to this section.

SEC. 502. INDIAN HEALTH SERVICE PREVENTION AND TREATMENT PROGRAM.

(a) SERVICES.—The Secretary of Health and Human Services, acting through the Director of the Indian Health Service, shall in consultation with Indian tribes and organizations, develop and implement a program of comprehensive alcohol and substance abuse prevention and treatment services, including detoxification, counseling services, and follow-up care, for Indian youths in need of such services.

(b) REPORT.—The Director of the Indian Health Service shall report on the progress of the program provided under subsection (a) to relevant committees of the Congress not later than 24 months after the date of the enactment of this title.

SEC. 503. ALCOHOL AND SUBSTANCE ABUSE TREATMENT FACILITIES.

(a) FEDERALLY OWNED STRUCTURES.—

(1) IDENTIFICATION.—The Secretary of Health and Human Services shall, acting through the Director of the Indian Health Service and in consultation with the Assistant Secretary of the Bureau of Indian Affairs, identify and utilize, wherever appropriate and consistent with the needs of an Indian tribe or tribal organization, existing federally owned structures suitable as residential alcohol and substance abuse treatment centers for Indian youths.

(2) GUIDELINES FOR SUITABILITY.—The Secretary of Health and Human Services shall, in consultation with professionals involved in the clinical treatment of alcohol and substance abuse among Indian youth, establish guidelines for determining the suitability of any such federally owned structure to be used as a residential alcohol and substance abuse treatment center. No clinically inappropriate or structurally unsound building shall be used as such a treatment center.

(3) CONDITIONS OF USE.—Any structure described in paragraph (1) may be used under such terms and conditions as may be agreed upon the Secretary of Health and Human Services and the agency having responsibility for the structure.

(4) RENOVATION.—The Secretary of Health and Human Services may, directly or by contract, renovate any facility described in paragraph (1). Any such renovation shall conform with—

(A) such terms and conditions as have been agreed upon under paragraph (3), and

(B) such clinical requirements for alcohol and substance abuse treatment centers as are determined to be appropriate by alcohol and substance abuse treatment professionals.

(b) **BUREAU OF INDIAN AFFAIRS FACILITIES.**—

(1) **IDENTIFICATION.**—The Secretary of Interior shall identify for the Secretary of Health and Human Services any existing Bureau of Indian Affairs facilities that could be utilized for residential alcohol and substance abuse treatment centers for Indian youths.

(2) **LIMITATION.**—No Bureau of Indian Affairs school shall be used under paragraph (1) as a treatment center for persons who are not students of such school without the express consent of the school board of such school.

SEC. 504. AUTHORIZATION.

There are authorized to be appropriated such sums as may be necessary to carry out sections 502 and 503.

SEC. 505. NAVAJO ALCOHOL REHABILITATION DEMONSTRATION PROGRAM.

(a) **DEMONSTRATION PROGRAM.**—The Secretary of Health and Human Services shall make grants to the Navajo tribe to establish a demonstration program in the city of Gallup, New Mexico, to rehabilitate adult Navajo Indians suffering from alcoholism or alcohol abuse.

(b) **EVALUATION AND REPORT.**—The Secretary, acting through the National Institute on Alcohol Abuse and Alcoholism, shall evaluate the program established under subsection (a) and submit a report on such evaluation to the appropriate Committees of Congress by January 1, 1990.

(c) **AUTHORIZATION.**—There is authorized to be appropriated for the purposes of this section \$400,000 for each of the fiscal years 1988, 1989, and 1990. Not more than 10 percent of the funds appropriated for any fiscal year may be used for administrative purposes.

SEC. 506. DEFINITIONS.

For the purposes of this title—

(1) the term "agency office" means an administrative entity within the Bureau of Indian Affairs serving one or more Indian tribes within a geographical area defined by regulation by the Bureau of Indian Affairs,

(2) the term "Bureau of Indian Affairs area office" means an administrative entity within the Bureau of Indian Affairs through which funds and services are provided to agency offices within a geographical area defined by regulation by the Bureau of Indian Affairs,

(3) the term "Indian" means any person who is a member of an Indian Tribe or who is eligible for services under any program administered by the Assistant Secretary of Indian Affairs,

(4) the term "Indian Health Service area office" means an administrative entity within the Indian Health Service through which services and funds are provided to service units a geographical area defined by regulation by the Indian Health Service,

(5) the term "Indian Tribe" means any Indian Tribe, band, nation, or other organized group or community of Indians, including any Alaskan Native village or regional or village corporation as defined in, or established pursuant to, the Alaska Claims Settlement Act (43 U.S.C. 1601 et seq.) that is recognized as eligible for special programs and services provided by the United States to Indians because of their status as Indians,

(6) the term "service area" means the geographical area served by a service unit,

(7) the term "service unit" means an administrative entity within the Indian Health Service serving one or more Indian Tribes within a geographical area defined by regulation by the Indian Health Service,

(8) the term "substance abuse" means abuse of alcohol or any addictive or controlled substance or abuse of propellants and inhalants, and

(9) the term "youth" means any Indian who is under the age of 18 or who attends a secondary school.

TITLE VI—ADVISORY COMMISSION ON THE COMPREHENSIVE EDUCATION OR INTERCOLLEGIATE ATHLETES

SEC. 601. ESTABLISHMENT.

There is established a commission to be known as the Advisory Commission on the Comprehensive Education of Intercollegiate Athletes (hereafter in this title referred to as the "Commission").

SEC. 602. DUTIES OF COMMISSION.

The Commission shall investigate and advise Congress regarding issues related to athletic programs at colleges and universities in the United States, including—

- (1) the use of drugs by athletes, examining in particular—
 - (A) the role of colleges and universities in discouraging the illegal use of drugs by athletes, and
 - (B) the need for mandatory testing of athletes for illegal drug use,
- (2) the impact of television on athletics, examining in particular both the negative and positive effects on colleges and universities and their athletes of revenues received by televising athletic events,
- (3) the balance between athletics and academics, examining in particular—
 - (A) the need for—
 - (i) establishing stricter eligibility and academic requirements for athletes, and
 - (ii) less frequent and fewer competitive events to allow for greater pursuit of academic goals by athletes, and
 - (B) the role of regulation and enforcement in the areas of athletic recruiting, financing, and scheduling, and
- (4) the extent of the involvement of Federal and State government in intercollegiate athletics, including involvement in the form of taxation, grants, and student loans.

SEC. 603. MEMBERSHIP.

(a) **NUMBER AND APPOINTMENT.**—The Commission shall be composed of 16 members, appointed jointly by the Speaker of the House of Representatives and the majority leader of the Senate within 30 days after the date of the enactment of this Act in a manner that insures balanced geographic representation, as follows:

- (1) 1 member who is the President of a college or university.
- (2) 2 members who are college or university professors.
- (3) 2 members who are college or university admissions officers.
- (4) 1 member who is a college or university academic advisor.
- (5) 1 member who is a former or current college or university coach.
- (6) 1 member who is a former or current college or university athletic director.
- (7) 1 member who is a high school principal, guidance counselor, or teacher with special knowledge of high school academics and athletics.
- (8) 1 member who is a current student athlete at a college or university.
- (9) 1 member who is associated with one of the major regional college accrediting associations.
- (10) 1 member who is associated with the National Collegiate Athletic Association.
- (11) 1 member who is a physician with special knowledge of sports medicine and drug abuse problems.
- (12) 1 member who is a former or current member of the House of Representatives and 1 member who is a former or current member of the Senate.
- (13) 1 member who is not associated with college and university academics or athletics.

Appointments may be made under this subsection without regard to section 5311(b) of title 5, United States Code.

(b) **TERMS.**—Members shall be appointed for the life of the Commission.

(c) **PAY.**—(1) Members of the Commission shall serve without pay.

(2) While away from their homes or regular place of business in the performance of services for the Commission, members shall be allowed travel expenses, including a per diem allowance in lieu of subsistence, in the same manner as persons serving intermittently in the Government service are allowed travel expenses under section 5703 of title 5 of the United States Code.

(d) **CHAIRMAN.**—(1) The member of the Commission who is a former or current member of the House of Representatives shall serve as Chairman of the Commission.

(2) The member of the Commission who is a former or current member of the Senate shall serve as Vice Chairman of the Commission.

SEC. 604. MEETINGS.

(a) **ORGANIZATIONAL MEETING.**—Not later than 30 days after all members have been appointed to the Commission, the Commission shall hold an organizational meeting to establish the rules and procedures under which it will carry out its responsibilities.

(b) **RULES AND PROCEDURES.**—The rules and procedures referred to in subsection (a) shall provide that—

(1) half of the total Commission membership shall constitute a quorum, and

(2) a majority of those voting at a properly called meeting shall be required to authorize any recommendation or other official action of the Commission.

SEC. 605. STAFF OF COMMISSION; EXPERTS AND CONSULTANTS.

(a) **STAFF.**—Subject to such rules as may be prescribed by the Commission and subsection (b), the Chairman may appoint and fix the pay of such personnel as the Chairman considers appropriate.

(b) **APPLICABILITY OF CERTAIN CIVIL SERVICE LAWS.**—The staff of the Commission shall—

(1) be appointed without regard to the provisions of title 5, United States Code, governing appointments in the competitive service; and

(2) be paid in accordance with the provisions of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates.

(c) **EXPERTS AND CONSULTANTS.**—Subject to such rules as may be prescribed the Commission, the Chairman may procure temporary and intermittent services under section 3109(b) of title 5 of the United States Code.

(d) **STAFF OF FEDERAL AGENCIES.**—Upon request of the Chairman, the head of any Federal agency shall detail any of the personnel of such agency to the Commission to assist the Commission in carrying out its duties under section 602.

SEC. 606. POWERS OF COMMISSION.

(a) **HEARINGS AND SESSIONS.**—(1) The Commission may, for the purpose of carrying out section 602, hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence, as the Commission considers appropriate.

(2) Hearings, meetings, and other sessions of the Commission may be closed to the public only by vote of the Commission.

(b) **OBTAINING OFFICIAL DATA.**—The Commission may secure directly from any department or agency of the United States information necessary to enable it to carry out section 602. Upon request of the Chairman of the Commission, the head of such department or agency shall furnish such information to the Commission.

(c) **MAILS.**—The Commission may use the United States mails in the same manner and under the same conditions as other departments and agencies of the United States.

(d) **ADMINISTRATIVE SUPPORT SERVICES.**—The head of any department or agency of the United States shall provide to the Commission such administrative support services as the Chairman may request.

(e) **OFFICE SPACE.**—The Administrator for General Services shall provide the Commission with appropriate office space, at no expense to the Commission, to enable it to carry out its responsibilities under section 602.

SEC. 607. REPORT.

The Commission shall transmit to the Congress not later than 18 months after the organizational meeting of the Commission is held under section 604 a report which shall contain a detailed statement of the findings and conclusions of the Commission as it considers appropriate.

SEC. 608. TERMINATION.

The Commission shall cease to exist 60 days after submitting its report under section 607.

SEC. 609. AUTHORIZATION OF APPROPRIATIONS

There is authorized to be appropriated for fiscal years beginning after fiscal year 1986 not to exceed \$650,000 to carry out this title.

TITLE VII—ALKYL NITRITES

SEC. 701. REGULATION OF ALKYL NITRITES BY THE FOOD AND DRUG ADMINISTRATION.

Alkyl nitrites and their isomers shall be treated as a drug for purposes of the Federal Food, Drug, and Cosmetic Act.

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PURPOSE AND SUMMARY

The purpose of the legislation is to strengthen federal drug and alcohol abuse prevention programs and to assure that states have adequate resources to provide treatment and rehabilitation services to drug abusers. When this legislation is combined with the actions of other House Committees it will represent a comprehensive strategy to better control drug trafficking and reduce the demand for, and thereby, the abuse of drugs. To accomplish this task, the Committee bill seeks to identify and strengthen federal drug abuse and drug enforcement programs under its jurisdiction. Accordingly, the Committee bill contains needed legislative actions in the areas of drug law enforcement, public health control and improved coordination, and planning of federal drug abuse and drug enforcement resources.

The legislation contains the following major provisions:

Authorizes \$180 million in fiscal year 1987 for substance abuse prevention and drug abuse treatment programs. The legislation provides that of funds appropriated under this new authority, \$30 million will be allocated to an Agency for Substance Abuse Prevention (ASAP) located within the Alcohol, Drug Abuse and Mental Health Administration; \$100 million will be allotted to states to expand existing drug abuse treatment and rehabilitation programs; and \$50 million will be allotted to states for use by municipalities in developing community-based drug and alcohol abuse prevention programs that will discourage the use of drugs particularly by youth.

Prohibits illicit drug trafficking in so-called "designer drugs." Designer drugs are structural analogs of substances regulated by the Department of Justice under the Controlled Substances Act. Designer drugs are manufactured by clandestine chemists to copy the psychoactive effects of controlled substances. As these substances are not structurally identical to the control substance, it is not a violation of the Federal Controlled Substances Act if they are distributed through the illic-

it drug market. The Committee bill would close this loophole and make trafficking in these substances a violation of federal law.

Direct the Indian Health Service to expand drug and alcohol abuse treatment programs for Indian youth.

Direct the President to convene a White House Conference on Drug Abuse and Drug Trafficking Control. The Conference is intended to develop recommendations for the President and the Congress on further actions necessary to prevent drug abuse, make drug treatment services available to drug abusers and control the illicit trafficking of controlled substances internationally and in the United States.

Establish an Advisory Commission on the Comprehensive Education of Intercollegiate Athletes. The purpose of the Commission is to examine the prevalence of drug abuse in college sports and the role of colleges and universities in discouraging the illegal use of drugs, and to suggest necessary reforms in intercollegiate athletics.

Prevent the abuse of alkyl nitrites by requiring that they be treated as drugs under the Federal Food, Drug and Cosmetic Act. These substances are sold over-the-counter in many states and municipalities. They are commonly used as drugs of abuse by children, teenagers and adults. The scientific literature documents that alkyl nitrite inhalants can cause severe health effects including headaches, delirium, and confusion.

BACKGROUND AND NEED FOR THE LEGISLATION

The abuse of alcohol and drugs is rapidly becoming one of the most serious problems afflicting the United States. The drug-related deaths in 1986 of prominent young athletes and the accessibility and rapid spread of the cocaine derivative known as "crack" have focused the attention of the Nation on the crisis, but the increased seriousness of the drug abuse problem in the U.S. had already become evident.

Early in 1986, the National Institute on Drug Abuse (NIDA) testified before the Congress on the increasing evidence of the easy availability of certain illicit drugs across the country. Surveys were showing that a five-year decline in the use of drugs among high school students had appeared to stall in 1985. The use of marijuana was no longer declining and the use of cocaine was increasing. The latest surveys indicated that 4.9 percent of high school students were using marijuana daily and about 6.7 percent were using cocaine at least once a month.

The officials of NIDA testified in early 1986 that in 1983, the most recent year for which estimates were available, the abuse of alcohol and drugs in the U.S. was costing our society in excess of \$176 billion a year in direct costs for treatment and support and indirect costs for reduced productivity resulting from excess morbidity and premature mortality, as well as for costs related to crime, incarceration, motor vehicle accidents, and related costs. This breaks down to more than \$116 billion for alcohol abuse and nearly \$60 billion for drug abuse.

Because of the illegal nature of illicit drug use, it is difficult to obtain specific data on the extent of drug abuse. Estimates indicate that marijuana is the most widely used illicit drug in the U.S. Approximately 20 million Americans use marijuana at least once a month. It is also estimated that over 4 million Americans use cocaine at least once a month. The use of heroin has declined over the past two decades, but heroin use continues to be a major problem, with an estimated one-half million addicts in the U.S. The abuse of alcohol is also a major concern, with an estimated 10 million adult problem drinkers and an additional three million between the ages of 14 and 17.

The children and young people of this country are our Nation's greatest asset and their disturbing involvement with drugs is one of our greatest concerns. This portion of our population is the one for which we have the most detailed data on drug use.

The major source of information about drug use among young people comes from the ongoing national research and reporting program entitled "Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth." This program is conducted by the University of Michigan's Institute for Social Research and is funded primarily by NIDA. The Study is often referred to as the High School Senior Survey, since each year it surveys a representative sample of high school seniors in the U.S. about their use of drugs.

The 1985 findings of the High School Seniors Survey on drug use prevalence and trends include data that are cause for serious alarm. Probably the most important finding in 1985 is that the rather steady decline in overall illicit drug use among high school seniors that this survey documented over the previous four years appears to have halted. The proportions of seniors using any illicit drug remained virtually unchanged in 1985, compared to 1984. This halt in the decline of drug use was replicated in follow-up studies among college students and young adults as well.

An even more disturbing trend reported by the study is that in 1985 the use of cocaine increased among high school seniors, as well as among college students and young adults. According to the survey, some 17 percent of seniors tried cocaine in 1985. The survey also showed that roughly 40 percent of 27-year-olds in a follow-up study in 1985 had tried cocaine that year. Only 10 percent had used cocaine when they were seniors in 1976.

The High School Senior Survey for 1985 concluded that this Nation's high school students and other young adults clearly showed a level of involvement with illicit drugs which is greater than can be found in any other industrialized nation in the world. It further concluded that, even by historical standards in this country, the rates are extremely high.

The other source of detailed information about drug use trends in the U.S. is also compiled by NIDA. The agency publishes drug abuse information collected through the Drug Abuse Warning Network (DAWN) from participating emergency rooms and medical examiners or coroners located primarily in 26 metropolitan areas in the continental U.S. This information focuses on the drugs mentioned by these facilities in conjunction with drug abuse-related episodes. The most recent DAWN information published shows

emergency room data for the period from July 1982 through June 1985 and medical examiner data from January 1982 through December 1984.

The data for the three-year period shows mixed trends for most of the drugs reported, such as heroin/morphine, marijuana, and PCP/PCP combinations, but significant increases in the reported incidence of cocaine abuse.

Mentions of heroin/morphine increased in the national data and in seven DAWN areas reporting, with San Francisco showing the largest increase, from 145 mentions in the period from July to December 1982 to 542 in January-June 1985. Decreases in mentions of heroin/morphine were reported by three DAWN areas, with New York showing the greatest decrease, from 2,451 in the first six-month period to 1,547 in the last.

Mentions of marijuana in emergency room episodes increased in four DAWN areas, with the largest increase occurring in Los Angeles, from 209 mentions in the second half of 1982 to 398 in the first half of 1985. Four areas observed decreases in the number of mentions of marijuana in emergency room episodes over the three-year period. Detroit showed the steepest decline, from 203 mentions to 138.

Mentions of PCP/PCP combinations in medical emergencies increased in the total DAWN system and in 5 metropolitan areas. The greatest increases was reported in Washington, D.C., which began the three-year period with 175 PCP mentions and concluded with 666 mentions. Decreases in PCP mentions were seen in emergency rooms in three areas, with the largest overall decrease reported in Los Angeles, where PCP mentions reached a high of 1,632 in July-December 1983 and then decreased to 984 in January-June 1985.

The incidence of cocaine mentions in emergency rooms in the DAWN program showed the most striking increases over the three-year period. Mentions of cocaine increased nationwide and in 19 of the 26 metropolitan areas reporting. There were a total of 2,767 cocaine mentions in July-December 1982, and this number increased in each half year to end with 5,821 in January-June 1985. There were 7 DAWN areas that experienced changes that were not statistically significant, but there were no metropolitan areas that showed a significant decline in cocaine mentions.

The DAWN data from medical examiner reports confirm the emergency room data regarding cocaine abuse. Drug abuse deaths involving cocaine nearly tripled from 109 in the first half of 1982 to 293 in the second half of 1984.

Efforts by the Congress and the Federal Government to support treatment and rehabilitation services for persons who abuse alcohol and drugs began in the late 1960s and early 1970s. Recognizing the major public health problems associated with alcoholism and alcohol abuse, the Congress in 1968 enacted the Alcoholic Rehabilitation Act (P.L. 90-574) which provided special grants for construction and staffing support within the community mental health centers program to provide an incentive for localities to initiate and develop new services for alcoholics and alcoholic abusers. This Act was recognized as only a first step and was subsequently expanded by the Community Mental Health Centers Amendments of 1970

(P.L. 91-211) which provided special project grants for alcoholism prevention and treatment programs within mental health centers.

The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (P.L. 91-616) added substantial new authority for the prevention, treatment, and rehabilitation of alcohol and alcoholics. It established the National Institute on Alcohol and Alcoholism within the Department of Health, Education, and Welfare, thus affirming the Congress' intention that alcoholism is a health problem and not a criminal offense. It authorized formula grants to the States to carry out alcoholism programs and special project grants and contracts for treatment and prevention programs under the Community Mental Health Centers Act. It prohibited discriminating in admission policies of hospitals which received Federal alcoholism treatment monies against individuals in medical need who were alcoholics or alcohol abusers, and it provided for confidentiality of patient records at the discretion of the Secretary HEW.

The 1974 amendments to the 1970 act (P.L. 93-282) continued the formula grant authority with minor revisions; provided new authority for special grants to assist States in the implementation of the basic provisions of the uniform Alcoholism and Intoxication Treatment Act, which provided for the decriminalization of alcoholism; provided project grant and contract authority for treatment and prevention programs from the community mental health centers program; expanded the nondiscrimination requirement to all hospitals receiving Federal funds for any purpose; and required the confidentiality of patient records with certain exceptions.

Amendments in 1976 (P.L. 94-371) extended for three years the authorization of appropriations for alcohol abuse programs administered by NIAAA. The act also authorized the designation of National Alcohol Research Centers to conduct interdisciplinary research on alcoholism and other alcohol problems. In addition, the 1976 act amended provisions with respect to State plans to include a requirement that each State survey and identify and the need for prevention and treatment of alcoholism and alcohol abuse by women and by individuals under the age of eighteen and provide assurances that the State program would be designed to meet such needs. It also required that the Secretary give special consideration to applications for project grants and contracts which would establish alcohol abuse and alcoholism prevention and treatment programs for women and individuals under the age of 18.

The 1980 amendments (P.L. 96-180) extended the authorization of appropriations for NIAAA State formula and project grant allocations for two fiscal years. The 1980 amendments modified the project grant authority to place new emphasis on prevention by requiring that 8 percent of FY 1980 appropriations and 10 percent of FY 1981 appropriations be obligated for these activities. In addition, the 1980 amendments designated "the elderly" as a population to receive special consideration in the award of funding.

The Federal effort to support programs to provide treatment and rehabilitation services for drug abusers began shortly after the initiation of the alcohol abuse effort. On March 21, 1972, the Congress enacted the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255). The purpose of the 1972 act was to "focus the comprehensive

resources of the Federal Government and bring them to bear on drug abuse with the immediate objective of significantly reducing the incidence of drug abuse in the United States within the shortest possible period of time, and to develop a comprehensive, coordinated long-term Federal strategy to combat drug abuse." In 1972, drug abuse was widely perceived as having reached epidemic proportions, afflicting between 200,000 and 300,000 individuals, mostly as heroin addicts.

As a response to the drug abuse problem, the 1972 act established several programs. First, it established the Special Action Office for Drug Abuse Prevention (SAODAP) in the Executive Office of the President. It required the Director of SAODAP to provide overall planning and policy and to establish objectives and priorities for all Federal drug abuse prevention functions. Second, it provided for the establishment of the National Advisory Council for Drug Abuse Prevention to advise the SAODAP Director. Third, it required the President to establish a Strategy Council composed of the SAODAP Director, the Attorney General, the Secretaries of HEW, State, and Defense, the Administrator of the Veterans Administration, and other officials to prepare a comprehensive Federal drug abuse strategy. Finally, it provided authority for an expanded drug abuse prevention and treatment program within the Department of HEW and established the National Institute on Drug Abuse within the National Institute on Mental Health. It provided for formula grants to States for drug abuse treatment and prevention programs. It also contained numerous authorities and directives relating to other drug abuse functions and programs within NIDA and other agencies within the Department of HEW.

In 1976, Congress amended the 1972 act under P.L. 94-237. The purpose of the 1976 amendments was to continue the focus of governmental resources on the problem of drug abuse, recognizing that drug abuse problems could not be solved as rapidly as envisioned by the 1972 act. Toward this end, the 1976 amendments made several changes in the drug abuse program. They terminated SAODAP and established the Office of Drug Abuse Policy (ODAP) within the Executive Office of the President and transferred SAODAP's drug abuse programmatic responsibilities to NIDA. ODAP became the successor to SAODAP's redefined drug abuse policy and coordination functions. In addition, the authority and role of the Secretary of HEW and the Director of NIDA respecting drug abuse functions were clarified and the authorizations of appropriations for State drug abuse formula grants and drug abuse project grants and contracts were extended for three years through Fiscal year 1978.

During a reorganization plan proposed in 1977 and implemented in 1978, ODAP was terminated, and in 1978, P.L. 95-461 extended the drug abuse prevention and treatment programs through FY 1979. The 1978 amendments also broadened the representation on State advisory councils to include political subdivisions and special population groups uniquely affected by drug abuse. In addition, modifications were enacted to the reporting requirements of the Secretary regarding submission of annual reports assessing the health consequences and the extent of drug abuse in the U.S.

In 1980, P.L. 96-181 amended and retitled the 1972 act as the Drug Abuse Prevention, Treatment, and Rehabilitation Act and abolished the Office of Drug Abuse Policy as a statutory entity. The 1980 amendments extended the formula and project grant authorities of NIDA for two fiscal years ending September 30, 1981. The amendments designated "the elderly" as a population to receive special consideration in the award of drug abuse prevention and treatment services, and required that no less than 7 percent of project grants in FY 1980 and 10 percent of project grants in FY 1981 be obligated for primary prevention/intervention programs.

On August 13, 1981, the Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35) consolidated Federal funding for services relating to mental health, alcoholism and alcohol abuse, and drug abuse into an Alcohol, Drug Abuse, and Mental Health Services (ADM) Block Grant under title 19 of the Public Health Service Act. The ADM block grant is administered through State governments and includes specific provisions to assure equitable divisions of block grant funds among alcohol, drug abuse, and mental health services. Of funds received by the State for alcohol and drug abuse activities, at least 35 percent has to be used for alcoholism and alcohol abuse services and at least 35 percent for drug abuse services. In addition, of funds available to a State for alcohol and drug abuse services, at least 20 percent must be used for prevention and early intervention programs designed to discourage the abuse of alcohol or drugs or both.

Since 1982, States have used the alcohol and drug abuse portions of their block grant allocations to fund programs that support:

1. Both inpatient and outpatient alcohol and drug detoxification programs and counseling;
2. Alcohol and drug abuse prevention programming including school presentations, classes on responsible decision-making, and training programs for teachers;
3. Community outpatient treatment programs for families and youth experiencing difficulties due to alcoholism or drugs.

In 1984 and 1985, the 98th and 99th Congress passed legislation to amend and extend the ADM block grant for three years, through FY 1987 (P.L. 98-509 and P.L. 99-117). Among the amendments made to the program was one requiring each State to assure that it would allocate not less than 3 percent of its total allotment in FY 1985 and not less than 5 percent in succeeding years to initiate and provide new or expanded alcohol or drug abuse services for women.

In addition, the legislation required the Secretary, in consultation with appropriate national organizations, to develop model criteria and forms for the collection of uniform data and information to enable States to share information on services provided under the block. The Secretary, acting through the Administrator of the Alcohol, Drug Abuse, and Mental Health Administration, was also charged with data collection activities concerning the types of alcohol abuse, drug abuse, and mental health treatment and prevention activities conducted under the block, the number of types of individuals receiving services, and the sources of funding for programs and activities.

The FY 1986 appropriation for the ADM block grant is \$468.9 million, of which about half is allocated for alcohol and drug abuse activities. In FY 1985, The ADM block grant allocation to States for alcohol and drug abuse activities, approximately \$245 million, amounted to 17.4 percent of total State expenditures for alcohol and drug abuse services, according to a May-June 1986 report prepared by the National Association of State Alcohol and Drug Abuse Directors (NASADAD). NASADAD, in surveying the States for the report, asked them to describe the major needs in their alcohol and drug abuse programs for which their resources were not adequate to meet those needs. Most States reported a need for a general increase in funds to support treatment and prevention services.

In June of 1985, the General Accounting Office (GAO) reviewed a budget summary prepared by the White House Drug Abuse Policy Office with the assistance of the Office of Management and Budget on Federal expenditures for drug abuse programs, including drug law enforcement and health-related prevention and treatment activities. The report found that Federal agencies with drug abuse program responsibilities in FY 1985 spent over \$1.5 billion on activities related to drug abuse. Of this total, \$1.221 billion was spent on drug law enforcement activities by such agencies as the Department of Justice, including the Drug Enforcement Administration and the FBI; the Department of Treasury, including the U.S. Customs Service and the Internal Revenue Service; the Bureau of International Narcotics Matters of the Department of State; and the U.S. Coast Guard.

Compared to this, such agencies as NIDA, the Veterans Administration, and the Office of Education spent \$337.9 million on program activities related to drug abuse prevention and treatment. In fact, the GAO report found that Federal drug abuse prevention and treatment expenditures had decreased with the implementation of the ADM block grant.

HEARINGS

The Committee's Subcommittee on Health and the Environment did not hold hearings on H.R. 5334, although hearings on the nature and extent of drug and alcohol abuse and the adequacy of public health resources have been held in previous sessions of Congress.

On March 8, 1985, the Subcommittee on Health and the Environment held a hearing on the reauthorization of the Indian Health Care Improvement Act, P.L. 94-437. Testimony was received from 7 witnesses, including representatives of the Indian Health Service, the National Indian Health Board, the National Congress of American Indians, and the Navajo Nation. (Serial Number 99-27).

On February 20, 1986, the Subcommittee on Health and the Environment held a hearing on the findings of a study on Indian health care by the Office of Technology Assessment. Testimony was received from 2 witnesses from the OTA.

COMMITTEE CONSIDERATION

On August 5, 1986, the Subcommittee on Commerce, Transportation and Tourism met in open session and ordered reported, title

VI of a Subcommittee Print entitled "Drug Abuse Prevention and Treatment Act of 1986", as amended, by a voice vote, a quorum being present. On August 5, 1986 H.R. 5334, legislation reflecting the Subcommittee Print, was introduced by Mr. Dingell for himself and Mr. Waxman, Mr. Scheuer, Mr. Wirth, Mr. Florio, Mr. Luken, Mr. Walgren, Ms. Mikulski, Mrs. Collins, Mr. Richardson, Mr. Slatery, Mr. Sikorski, Mr. Bates, Mr. Leland, Mr. Markey, Mr. Shelby, Mr. Hughes (N.J.) and Mr. Levine. On August 7, 1986, the Committee met in open session and ordered reported the bill H.R. 5334, the "Drug Abuse Prevention and Treatment Act of 1986", as amended, by a voice vote, a quorum being present.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 2(1)(3)(A) of rule XI of the Rules of the House of Representatives, no oversight findings or recommendations have been made by the Committee.

COMMITTEE ON GOVERNMENT OPERATIONS

Pursuant to clause 2(1)(3)(D) of rule XI of the Rules of the House of Representatives, no oversight findings have been submitted to the Committee by the Committee on Government Operations.

COMMITTEE COST ESTIMATE

In compliance with clause 7(a) of rule XIII of the Rules of the House of Representatives, the Committee believes that the bill authorizes appropriations of \$180.7 million and result in estimated outlays of \$146.5 million in fiscal year 1987.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, August 13, 1986.

Hon. JOHN D. DINGELL,
Chairman, Committee on Energy and Commerce, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the attached cost estimate for H.R. 5334, the Drug Abuse Prevention and Treatment Act of 1986, as ordered reported by the House Committee on Energy and Commerce on August 7, 1986.

If you wish further details on this estimate, we will be pleased to provide them.

With best wishes,
Sincerely,

RUDOLPH G. PENNER, *Director.*

CONGRESSIONAL BUDGET OFFICE—COST ESTIMATE

1. Bill number: H.R. 5334.
2. Bill Title: Drug Abuse Prevention and Treatment Act of 1986.
3. Bill status: As ordered reported by the House Committee on Energy and Commerce on August 7, 1986.

4. Bill purpose: This bill would establish several new programs and initiatives to combat drug abuse.

5. Estimated cost to the Federal Government:

[By fiscal year, in millions of dollars]

	1987	1988	1989	1990	1991
Estimated authorization level					
Agency for substance abuse prevention.....	180.0				
Navajo Demonstration Program.....		0.4	0.4	0.4	
Advisory Commission on Education of Athletes.....	.7	.7			
Total estimated authorization level ¹	180.7	1.1	.4	.4	
Total estimated outlays ¹	146.5	35.2	.4	.4	0.1

¹ Estimated costs for the following activities are not included in the table. Costs for these activities are uncertain and subject to administrative discretion: White House Conference as authorized in Title III; Alcohol and drug abuse treatment as authorized in Title V; Facility renovations as authorized in Title V; and Costs to the FDA under Title VII.

The costs of this bill fall within budget function 550.

Basis of Estimate. Most authorization levels are stated in the bill. CBO assumes both stated and estimated authorizations are fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates calculated by CBO on the basis of similar program data. All authorizations are subject to subsequent appropriations action.

Titles I and II of the bill would establish a state allotment program and create the Agency for Substance Abuse Prevention within the Alcohol, Drug Abuse, and Mental Health Administration. The Agency would coordinate research, education and training for the prevention of drug and alcohol abuse and would administer the allotment program authorized under Title I. Allotments would be given to states both for treatment and rehabilitation services for drug abusers and for the development of community-based prevention activities. The authorization level for Titles I and II is stated in the bill at \$180 million for fiscal year 1987.

Title III of the bill would require the President to hold a White House Conference on Drug Abuse and Drug Trafficking Control not later than nine months after the date of enactment and issue recommendations within six months after the conference is convened. The President would be required to report to Congress annually during the three-year period following the submission of the final report. The bill provides such sums as may be necessary for fiscal year 1987 to carry out the conference. Based on costs of the upcoming White House Conference on Small Business, CBO estimates that a conference of this magnitude (approximately 3,000 participants) would cost between \$4 million and \$5 million. The organizers of the conference would have discretion as to its size, and therefore costs could differ. Almost all costs would be incurred in fiscal year 1987, the year in which the conference would be held.

Title IV of the bill would make "controlled substance analogs" subject to the Controlled Substances Act, enabling the Drug Enforcement Administration (DEA) to prosecute chemists who develop subtle chemical variations of controlled substances (called designer drugs). This provision would aid prosecution in cases brought by the DEA involving controlled substance analogs. CBO estimates

that no significant cost to the federal government would result from enactment of this provision. This title would not significantly change investigative efforts or costs, as these drugs are currently investigated and tested. It would make possible prosecution and conviction in some cases where it is currently not possible.

Title V of the bill would authorize such sums as may be necessary to carry out several Indian youth alcohol and drug abuse treatment and prevention activities. This title would require the coordination of existing and newly authorized Indian youth alcohol and substance abuse programs within the Indian Health Service (IHS) and the Bureau of Indian Affairs. This title would also require the IHS to provide a comprehensive alcohol and substance abuse treatment program for Indian youths. The bill is not specific as to the level of services to be provided. The IHS currently spends about \$25 million each year on alcohol and drug abuse treatment and prevention. CBO cannot determine the level of funding that might be needed to augment current services. Title V also allows the Secretary of HHS to identify and utilize federal facilities as Indian youth residential alcohol and substance abuse treatment centers. The bill also authorizes renovations of any of these facilities. No cost for renovations has been included in this estimate. Neither IHS nor BIA can estimate the number of facilities that might be needed or the cost and extent of renovation of such facilities. Title V would also authorize \$400,000 for fiscal years 1988, 1989, and 1990 for a Navajo Indian alcohol rehabilitation project.

Title VI of the bill would establish the Advisory Commission on the Comprehensive Education of Intercollegiate Athletes. The Commission would investigate issues related to athletics and drug use and report its conclusions to Congress within 18 months. Not to exceed \$650,000 for each fiscal year is authorized to be appropriated for the Commission. Funding would be needed in fiscal years 1987 and 1988 only.

Title VII of the bill would treat a certain class of chemicals, alkyl nitrites and their isomers, as a drug for the purposes of the Federal Food, Drug and Cosmetic Act. This Act bars drugs from interstate commerce unless they are proven safe. This provision would now make it illegal for a manufacturer to distribute alkyl nitrites and their isomers across state lines. Amyl nitrite, a member of this chemical class, is already a prescription drug and is monitored by the Food and Drug Administration (FDA). Since other alkyl nitrites are not currently classified as drugs, FDA has no involvement with them. Under current law, FDA monitors pharmaceutical manufacturers rather than chemical manufacturers. This provision could require FDA to seek out and inspect chemical manufacturers to determine compliance. Historically, FDA has taken a reactive role in compliance issues, not having the

resources to initiate "spot" checks for compliance. FDA is unable to estimate at this time the additional cost they might incur if they are required to increase enforcement policy.

6. Estimated cost to state and local government: The budgets of state and local governments would not be affected directly by the enactment of this bill.

7. Estimate comparison: None.

8. Previous CBO estimate: None.

9. Estimate prepared by: Carmela Dyer and Mitch Rosenfeld.

10. Estimate approved by: James L. Blum, Assistant Director for Budget Analysis.

INFLATIONARY IMPACT STATEMENT

Pursuant to clause 2(d)(4) of rule XI of the Rules of the House of Representatives, the Committee makes the following statement with regard to the inflationary impact of the reported bill:

The Department of Health and Human Services estimates that alcohol and drug abuse cost the nation in excess of \$176 billion annually in direct and indirect costs. These include unnecessary health care costs as well as the excess mortality, lost employment and lost productivity to the United States economy. Left untreated, drug and alcohol abuse increase the demand for health care and other social services. The Committee believes the abuse of alcohol and drugs by young people can be curtailed by a conscientious and coordinated commitment to prevention, education and treatment.

The \$180 million authorized for this legislation is a fraction of the annual cost substance abuse already inflicts upon our nation. The Committee does not believe the expenditure of these funds will have an inflationary impact on the economy. In fact, by rehabilitating drug and alcohol abusers and preventing the incidence of substance abuse among young people, the public and economic health of the nation will be improved.

SECTION-BY-SECTION ANALYSIS

Section 1. Short Title

The first section cites the Act as the "Drug Abuse Prevention and Treatment Act of 1986."

TITLE I—FINANCIAL ASSISTANCE TO STATES AND COMMUNITIES

Section 101 adds a Part D—"Emergency Substance Abuse Treatment and Prevention" to Title XIX of the Public Health Service Act. The new Part D contains four new sections 1935-1939.

Section 1935 (Authorization of Appropriations) authorizes \$180 million in Fiscal Year 1987 for the allotments authorized by Part D

and the activities of the Agency for Substance Abuse Prevention. The Committee has proposed a single year authorization because the authorization of appropriations for the "Alcohol and Drug Abuse and Mental Health Services Block Grant" (ADM) [21 U.S.C. 300x] will expire at the end of Fiscal Year 1987. The Committee believes it is appropriate and necessary to consider extension of the ADM Block Grant and the Emergency Substance Abuse Treatment and Prevention program in the context of the nation's overall need for substance abuse and mental health services. The Committee expects to consider legislation to revise and extend authorities during the First Session of the 100th Congress.

Section 1936 (Agency for Substance Abuse Prevention) provides that of funds appropriated for the purposes specified in Section 1935, \$30 million shall be made available for the Agency for Substance Abuse Prevention (ASAP). The ASAP is established by Section 507 of the Public Health Service Act as amended by Title 2 of this legislation. The legislation requires that the Secretary allocate the first \$30 million appropriated under Section 1935 for support of national activities sponsored by the ASAP. All funds appropriated in excess of \$30 million must be allocated pursuant to sections 1937 and 1938.

Section 1937 (Allotments for Treatment Services for Drug Abuse) Subsection (a) provides that two-thirds of funds appropriated under Section 1935 and available for allotment shall be allotted to each state for the purpose of providing drug abuse treatment and rehabilitation services for persons suffering from drug abuse. Funds will be allotted to each state pursuant to a formula prescribed by the Secretary of Health and Human Services. The formula will be based equally on the population of each state (ages 15-65) and on the population of each state (ages 15-65) weighted by its relative per capita income. The Committee believes this formula is an equitable and realistic means of estimating the relative need for treatment services among the states.

The Committee has worked closely with the General Accounting Office (GAO) in devising the formula which the Secretary should use to allocate funds under this section. The Committee appreciates the cooperation and expert technical assistance provided by GAO in evaluating the most equitable method of allotting funds under this legislation to the states.

The formula selected by the Committee, allocates available funds to states based on two factors, (1) the population at risk, and (2) a relative income factor which provides relatively more aid to low income states. The population at risk for a state is defined as the number of state residents ages 15 through 64 as reported by the Bureau of the Census for the most recent year in their Current Population Reports, Series P-25. The relative income factor for a state is defined as the ratio of its total personal income per person at risk to the corresponding income per person at risk for all states. The data for total personal income is defined as the most recent three years average of state personal income as reported by the Department of Commerce in the Survey of Current Business.

Table 1 shows each state's trial allotment calculated using the formula described below:

$$\text{State Allotment} = \left[\frac{\text{POP} * (1.0 - 0.5 * \text{RIF})}{\text{Sum of Numerator}} \right] \text{AMT}$$

POP = State Resident's Ages 15 through 64

RIF = Relative Income Factor

AMT = \$100 million appropriation

The population data is as reported for July 1, 1984 by the Bureau of the Census, and total personal income is as reported by the Department of Commerce for 1982 through 1984. The 0.5 weight attached to the relative income factor determines the extent to which funds are targeted to low income states. A weight of zero would result in a formula based exclusively on the population at-risk factor.

TABLE 1.—STATE ALLOTMENTS FOR SUBSTANCE ABUSE TREATMENT GRANTS

[Appropriation = \$100,000,000]

State names	Trial allotment	Share of total
Alabama.....	\$1,994,840.69	1.99
Alaska.....	148,247.01	.15
Arizona.....	1,347,342.92	1.35
Arkansas.....	1,123,247.32	1.12
California.....	10,014,851.55	10.01
Colorado.....	1,327,994.20	1.33
Connecticut.....	1,037,034.30	1.04
Delaware.....	258,412.52	.26
District of Columbia.....	204,056.18	.20
Florida.....	4,387,373.67	4.39
Georgia.....	2,829,256.12	2.83
Hawaii.....	450,217.66	.45
Idaho.....	451,755.51	.45
Illinois.....	4,455,096.46	4.46
Indiana.....	2,494,849.95	2.49
Iowa.....	1,199,078.82	1.20
Kansas.....	913,606.69	.91
Kentucky.....	1,830,397.47	1.83
Louisiana.....	2,053,464.20	2.05
Maine.....	552,956.49	.55
Maryland.....	1,814,003.32	1.81
Massachusetts.....	2,231,627.18	2.23
Michigan.....	3,914,247.65	3.91
Minnesota.....	1,658,567.85	1.66
Mississippi.....	1,323,474.85	1.32
Missouri.....	2,141,440.73	2.14
Montana.....	383,588.90	.38
Nebraska.....	637,876.46	.64
Nevada.....	402,887.22	.40
New Hampshire.....	419,354.77	.42
New Jersey.....	2,663,369.95	2.66
New Mexico.....	690,629.40	.69
New York.....	6,879,454.87	6.88
North Carolina.....	3,152,142.11	3.15
North Dakota.....	269,436.93	.27
Ohio.....	4,662,045.27	4.66
Oklahoma.....	1,388,821.41	1.39
Oregon.....	1,182,529.41	1.18

TABLE 1.—STATE ALLOTMENTS FOR SUBSTANCE ABUSE TREATMENT GRANTS—Continued

(Appropriation = \$100,000,000)

State names	Trial allotment	Share of total
Pennsylvania	5,107,224.44	5.11
Rhode Island	414,770.43	.41
South Carolina	1,724,101.65	1.72
South Dakota	304,581.30	.30
Tennessee	2,369,114.47	2.37
Texas	6,723,752.04	6.72
Utah	719,187.60	.72
Vermont	257,605.28	.26
Virginia	2,530,147.05	2.53
Washington	1,801,630.90	1.80
West Virginia	956,485.66	.96
Wisconsin	2,000,734.78	2.00
Wyoming	201,086.40	.20
Total	100,000,000.00	100.00

Funds paid to a state under this Section would be available only for Fiscal Year 1987. The purpose of funds allotted under this section are intended to deal with an emerging drug abuse crisis which requires the training of treatment counselors and expansion of treatment services in response to increased demand. Allotments under this authority are intended to supplement, rather than supplant existing federal, state or local funding of drug treatment programs. In the event a state is unable to effectively use the funds available through this allotment during fiscal year 1987, unexpended funds will be returned to the Treasury of allocated proportionately to other states for use in Fiscal Year 1987.

Subsection (b) provides that funds allotted to a state shall be used to provide treatment and rehabilitation services for persons suffering from drug abuse. The Committee believes states should place priority on expansion or development of treatment programs suitable to the needs of young people who are most at risk of drug abuse and addiction. In contrast to other age groups, young people—particularly college students—are vulnerable to peer pressure and are often without the support of parents, spouses and community.

The Committee recognizes that many states provide alcohol and drug abuse treatment support through organizations with combined alcohol/drug treatment programs. In fact, of 5,901 alcohol and/or drug treatment units receiving funds from State Alcohol and Drug Abuse Agencies in FY 1985, 2,115 were combined units. In the context of a comprehensive, national public health policy, the Committee does not believe it is possible or appropriate to arbitrarily distinguish between addiction to, or abuse of alcohol, versus illicit drugs of licit drugs.

The Committee notes that drug addiction is a complex medical and psychosocial phenomenon. Drug addiction does not differentiate between the social or legal status of the abused substance. In this regard, the Committee intends that states use funds available under this allotment to provide drug treatment services in regions

of the state and to individuals most in need. The restriction in the statute, limiting use of allotments to drug abuse treatment, should not be construed to prevent a state from supporting the treatment and rehabilitation of an individual suffering from polydrug addiction or from providing financial assistance to a program which treats both alcohol or drug abusers. The Committee is concerned about lessening the public health impact of drug abuse, and does not intend to distinguish between addiction or abuse of heroin, cocaine, prescription tranquilizers or alcohol.

Section 1938 provides that one-third of funds appropriated under Section 1935 and available for allotment shall be allotted to each state for the purpose of developing and administering a community-based substance abuse prevention program. Appropriations are allotted to states pursuant to a formula prescribed by the Secretary of Health and Human Services which is based upon the relative population of each state in the age group of 5 through 24. In developing a formula for allocation of funds under this section, the Committee worked closely with the General Accounting Office in selecting the formula most indicative of a state's need for substance abuse prevention services.

The formula for making allocations to states for substance abuse prevention programs is based on a state's relative share of the population at risk. The at-risk population is defined as the number of state residents between the ages of 5 and 24 as reported by the Bureau of the Census for the most recent year in their Current Population Reports, Series P-25. The following Table shows each state's trial allotment, calculated by multiplying its percentage share of the U.S. population aged 5 through 24 by a \$50 million appropriation level. The population data is as reported for July 1, 1984 by the Bureau of the Census.

Table 2 shows each state's trial allotment calculated using the formula described below:

$$\text{STATE ALLOTMENT} = [\text{POP} / \text{POPTOT}] * \text{AMT}$$

POP = State Population ages 5 through 24.

POPTOT = U.S. Population ages 5 through 24.

AMT = \$50 million appropriation.

TABLE 2.—STATE ALLOTMENTS FOR SUBSTANCE ABUSE PREVENTION GRANTS

[Appropriation = \$50,000,000]

State names	Trial allotment	Share of total
Alabama.....	\$881,164.43	1.76
Alaska.....	120,281.65	.24
Arizona.....	647,358.53	1.29
Arkansas.....	501,398.78	1.00
California.....	5,277,526.25	10.56
Colorado.....	679,118.29	1.36
Connecticut.....	637,222.44	1.27
Delaware.....	133,120.70	.27
District of Columbia.....	121,633.13	.24
Florida.....	2,025,191.57	4.05
Georgia.....	1,322,422.39	2.64
Hawaii.....	228,399.98	.46
Idaho.....	225,697.03	.45

TABLE 2.—STATE ALLOTMENTS FOR SUBSTANCE ABUSE PREVENTION GRANTS—Continued

(Appropriation = \$50,000,000)

State names	Trial allotment	Share of total
Illinois	2,450,907.52	4.90
Indiana	1,208,222.40	2.42
Iowa	609,517.12	1.22
Kansas	508,156.18	1.02
Kentucky	822,375.09	1.64
Louisiana	1,033,881.58	2.07
Maine	245,293.47	.49
Maryland	919,005.85	1.84
Massachusetts	1,189,977.43	2.38
Michigan	2,007,622.34	4.02
Minnesota	890,624.79	1.78
Mississippi	608,841.38	1.22
Missouri	1,048,072.11	2.10
Montana	175,016.56	.35
Nebraska	341,924.24	.68
Nevada	184,476.91	.37
New Hampshire	206,776.32	.41
New Jersey	1,519,062.61	3.04
New Mexico	326,382.23	.65
New York	3,623,991.46	7.25
North Carolina	1,339,991.62	2.68
North Dakota	149,338.45	.30
Ohio	2,295,487.41	4.59
Oklahoma	700,066.22	1.40
Oregon	534,510.02	1.07
Pennsylvania	2,377,251.90	4.75
Rhode Island	195,964.48	.39
South Carolina	752,098.17	1.50
South Dakota	152,717.15	.31
Tennessee	1,004,824.78	2.01
Texas	3,581,419.86	7.16
Utah	420,985.77	.84
Vermont	112,848.51	.23
Virginia	1,216,331.27	2.43
Washington	897,282.18	1.79
West Virginia	408,146.72	.82
Wisconsin	1,028,475.67	2.06
Wyoming	111,497.03	.22
Total	50,000,000.00	100.00

By referring to "substance abuse prevention", the Committee intends to include prevention of alcohol as well as other drugs of abuse. In this regard, states should place special emphasis upon the circumstances contributing to the onset of drug use by youth and a young person's later initiation into illicit drug usage.

To receive an allotment under this section, a State must submit an application to the Secretary which contains a plan for using the allotment in accordance with the requirements of subsection (b). Subsection (b) provides that states must use utilize allotments for three activities.

1. Developing a state substance abuse prevention education program.

2. Developing community-based substance abuse prevention activities among school-aged children which will make the use of drugs unattractive to such children.

3. Development of an education program relating to the risks of acquired immune deficiency syndrome among individuals who use drugs intravenously and relating to the transmittal of acquired immune deficiency syndrome from pregnant women to unborn children.

The Committee has taken special note of the need for public information and education programs by state governments to warn abusers of intravenous drugs of the dangers of Acquired Immune Deficiency Syndrome (AIDS). Recent reports from the Public Health Service have said that more than a quarter of a million Americans will die of AIDS within the next five years. Other recent reports from the Centers for Disease Control have shown that an increasing number of those cases are among IV drug abusers. The Committee is concerned that many Americans—both drug abusers and people who are sexual partners of drug abusers—are unaware of the dangers of spread of the disease and will expose themselves to it, resulting in fatal illness, extended treatment costs, and lost productivity. The Committee intends that states use this authority to develop direct and accessible information programs about the nature of the disease's transmissibility and about prevention of drug abuse and needle-sharing. The Committee is also concerned by the growing number of pediatric AIDS cases, cases which are principally infants born to mothers who are IV drug abusers. These children are born terminally ill, are difficult to find care for and are very expensive to treat. The Committee intends that materials be developed regarding the special AIDS risks that IV drugs pose to pregnant women and their children.

The Committee intends that funds allotted under this section support programs that will supplement school-based substance abuse prevention/education programs. The Committee expects legislation to be considered by the House which would authorize funds for specific drug and alcohol abuse education programs directed at the nation's secondary schools. Prevention programs supported by the state through this section should be compatible with activities within the secondary school system, and give priority for non-school based prevention programs. These programs can include but are not limited to literature distribution, media campaigns, clearinghouse activities, speaker's bureau, scouting organizations, YMCA-YWCA, or other afterschool, community-based alternatives.

Section 1939 provides that funds allotted to states under Part D may not be used to (1) provide inpatient hospital services; (2) make cash payments to intended recipients of health services; (3) purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment; (4) satisfy any requirement for the expenditure of non-federal funds as a condition for receipt of federal funds; (5) pay administrative costs; or (6) provide financial assistance to any entity, other than a public or nonprofit private entity.

Provisions of Title XIX, Part B, which are not inconsistent with subsection 1939(a) or sections 1937 or 1938, shall apply with respect to allotments made under sections 1937 and 1938. For example, Part B requires that states allocate a percentage of their allotments to mental health services. This restriction would not apply

as it is in direct conflict with the provisions of section 1937 and 1938 which specify the purposes for which allotments are to be used. Section 1917 of Part B requires that states prepare and submit an annual report to the Secretary on its use of funds. Although an annual report is not specifically mentioned in Part D, subsection 1939(b) is intended to extend the requirements of section 1917 to funds appropriated under Part D.

TITLE II—AGENCY FOR SUBSTANCE ABUSE PREVENTION

Section 201 adds a new Section 507 to Part A of title V of the Public Health Service Act. Subsection (a) provides for the establishment of an Agency for Substance Abuse Prevention (ASAP) within the Alcohol, Drug Abuse, and Mental Health Administration. The ASAP shall be headed by a Director appointed by the Secretary from individuals with extensive experience or academic qualifications in the prevention of drug and alcohol abuse. Subsection (b) specifies the responsibilities and jurisdiction of the ASAP. These responsibilities include:

1. sponsorship of regional workshops on drug and alcohol abuse prevention;
2. coordination of the findings of research sponsored by agencies of the U.S. Public Health Service on the prevention of drug and alcohol abuse;
3. development of effective drug and alcohol abuse prevention literature (including literature on the adverse effects of cocaine free base);
4. creation of public service announcements for radio and television broadcasting on the prevention of drug and alcohol abuse;
5. dissemination of prevention materials among states, political subdivisions, and school systems;
6. support of clinical training programs for substance abuse counselors and other health professionals;
7. development of educational materials to reduce the risk of acquired immune deficiency syndrome among intravenous drug abusers;
8. administer the state allotment program established by Title I of this legislation.

The Committee intends that the responsibility for drug and alcohol abuse prevention activities be delegated by the Secretary to the Director of ASAP. The Director of ASAP will be responsible for coordinating the Department's drug abuse prevention and education programs with those of other federal agencies such as the Department of Education.

The Committee has made special provision for the development of education materials to reduce the spread of the AIDS epidemic among intravenous drug abusers and their sexual partners. The Centers for Disease Control (CDC) has begun efforts to develop innovative education projects for AIDS information, and the Committee intends that ASAP work cooperatively with CDC to develop similar projects and materials for specific use with IV drug abusers and potential drug abusers and their sexual partners.

Subsection (c) directs the Secretary of Health and Human Services to establish an advisory board to advise the Director of ASAP. The Committee recognizes that a major component of a comprehensive plan to fight substance abuse is a public education campaign which makes effective use of the media. Consequently, the Committee has created a media advisory board to assist the ASAP in developing an effective educational effort that warns of the dangers of drug and alcohol abuse.

The advisory board is made up of 15 members, including representatives from the broadcasting, cable, newspaper, program production, and advertising industries as well as professional sport associations such as the National Football League, National Basketball Association and Major League Baseball. The principal purpose behind the board's composition is for the ASAP to have access to technical experts who can be of assistance in the implementation of campaigns aimed at educating the public about the problems of drug abuse. The Committee hopes the advisory board will be able to encourage the media to increase their ongoing efforts to raise public awareness of the need to prevent illegal drug use—particularly by adolescents and teenagers.

While the fight against drug abuse must be accelerated, the Committee recognizes that significant contributions have already been made by many major media organizations. The Committee believes the new long range alcohol and drug abuse campaign initiated by the National Association of Broadcasters is a commendable undertaking. Voluntary actions such as these can be an effective method of developing joint government and private sector initiatives. A coordinated effort, aided by the advisory board established in this subsection, will assist ASAP in developing an effective, long term public education campaign.

Section 202 (Coverage Study) of the Committee proposal directs the Secretary of Health and Human Services to contract with the Institute of Medicine of the National Academy of Sciences to conduct a study of:

1. The extent to which coverage of drug abuse treatment is provided by private insurance, public programs and other sources of payment; and
2. The adequacy of existing coverage in treating and rehabilitating drug abusers.

The Committee intends the report to include recommendation for improving coverage of drug abuse treatment to address unmet needs. At present, there is little comprehensive or systematically-collected information on coverage for drug abuse treatment. A study is needed to identify gaps in policies, and to determine how those gaps might be addressed. Treatment has proven to be effective in many instances but inadequate coverage by private insurance and public programs is a deterrent to seeking cures. Drug abuse will remain an intractable threat to public health as long as people are unable to obtain effective treatment. A comprehensive study can be a start towards improving coverage and the quality of treatment services.

**TITLE III—WHITE HOUSE CONFERENCE ON DRUG ABUSE AND DRUG
TRAFFICKING CONTROL**

Title III of the legislation calls upon the President to convene a White House Conference on Drug Abuse and Trafficking Control. The purpose of the Conference is to:

1. Increase public awareness of the problems of drug abuse and drug trafficking control. These problems include: the enforcement of controlled substance laws, the prevention of drug abuse and the availability of adequate treatment and rehabilitation programs for drug abusers;
2. Pool information and experiences to vigorously and directly attack drug abuse at the local, state, federal and international levels; and,
3. Assist in the formulation of a national strategy to control trafficking in controlled substances and to prevent and discourage drug abuse and to make treatment services available to drug abusers.

The Conference will submit a final report to the President and Congress 6 months after it is convened. The Conference is to be convened no later than 9 months after the date of the enactment of this Title.

**TITLE IV—INCLUSION OF DESIGNER DRUGS IN CONTROLLED SUBSTANCES
ACT**

Title IV amends the Controlled Substances Act to authorize the Attorney General to place analogs of controlled substances under schedule I controls of the Act. The effects of the amendments are to close a loophole in controlled substance law that has hindered the investigation and prosecution of clandestine chemists who develop subtle chemical variations of controlled substances for illicit distribution and abuse. The Committee is concerned that the provisions of Title IV not be construed to hinder the conduct of legitimate research into the medical applications of controlled substance analogs. In this regard, the Committee proposal specifically exempts from the designer drug restrictions preclinical research where the substance is not intended for human consumption, and research with human subjects for which the Food and Drug Administration has granted an investigational new drug application.

TITLE V—SUBSTANCE ABUSE AMONG INDIANS

Section 501 (Interagency Agreement) strengthens cooperation between the Departments of Health and Human Services, Interior and Education in providing alcohol and drug abuse services to Indian juveniles.

Section 502 (Indian Health Service Prevention and Treatment Program) requires the Secretary of Health and Human Services, acting through the Director of the Indian Health Service, to develop and implement a program of comprehensive alcohol and substance abuse prevention and treatment services. These services will be available to Indian youths and include: detoxification, counseling and follow-up care. The Director of the Indian Health Service is required to report to Congress on the progress of the program es-

established under this section not later than 24 months after the date of enactment of this title.

Section 503 (Alcohol and Substance Abuse Treatment Facilities) authorizes the Secretary of Health and Human Services to identify and utilize existing federally owned structures suitable as residential alcohol and substance abuse treatment centers for Indian youths. The section authorizes the Secretary to renovate any such structure for the purpose of providing alcohol and substance abuse treatment.

Section 504 (Authorization) authorizes such funds as may be necessary for carrying out the purposes of Sections 502 and 503.

PREVENTION OF ALCOHOL AND DRUG ABUSE AMONG INDIAN YOUTH
(SECTIONS 501-504)

In its recent report, "Indian Health Care," prepared at the request of this Committee, the Office of Technology Assessment (OTA) undertook an extensive review of the available data regarding the health status of Native Americans and concluded that, despite improvements over the last 15 years, on almost every measure, the health status of Indians is "far behind" that of the rest of the U.S. population. One of the main reasons is alcohol abuse, which is implicated in Indian death and illness from accidents, suicide, homicide, diabetes, congenital anomalies in infants, pneumonia, heart disease, and cancer. Among all the causes of death among Indians, liver disease and cirrhosis, which are directly linked to alcoholism and alcohol abuse, ranked 4th. For the 1980-82 period reviewed by OTA, the age-adjusted death rate for liver disease and cirrhosis among Native Americans was 4.2 times that among the rest of the U.S. population.

The abuse of alcohol, drugs, and other substances appears to be particularly acute among Indian youth. The Committee is informed that significant numbers of Indian children are using alcohol with some frequency by the age of 13, and that abuse of inhalants such as cleaning fluids, paint thinner, and automobile antifreeze are prevalent among Indian youth on many reservations. In the view of the Committee, the Federal trust responsibility to improve the health status of the Indian people cannot be fulfilled unless the spread of alcohol and drug abuse among Indian youth is checked. Unfortunately, the Indian Health Service in the Department of Health and Human Services, which is responsible for meeting the health care needs of the Indian people, has directed less than 3 percent of the \$831.7 million budget enacted for fiscal year 1986 toward alcoholism or alcohol abuse programs. It is the view of the Committee that more can and should be done.

The Committee bill, therefore, authorizes a program for the prevention and treatment of alcohol and drug abuse among Indian youth, based on the general approach set forth in H.R. 1156, the Indian Juvenile Alcohol and Drug Abuse Prevention Act. The Committee bill first requires that, no later than 6 months after enactment, the Secretaries of the three cabinet agencies with relevant program jurisdiction—Health and Human Services, Interior, and Education—enter into a formal memorandum of agreement to coordinate their current and future efforts relating to the prevention

and treatment of alcohol and drug abuse among Indian youth. The agreement is to be published in the Federal Register within 30 days after execution. The purpose of this requirement is to force the Indian Health Service (IHS) and the Bureau of Indian Affairs (BIA) at both the central and regional office level to work together to address this problem in a manner acceptable to the affected Indian youth tribes and organizations. The Committee expects that, in the process of framing this agreement, the Secretaries will consult widely with Indian tribes and organizations, as well as experts in the field of alcoholism prevention and treatment. The Committee intends that the terms of this inter-agency agreement set forth with specificity the responsibilities of each agency, the work products and actions anticipated, precise schedules for implementation, and health outcome goals (e.g., reduction of the incidence of alcohol or drug abuse by a given percent over a given time period).

The Committee bill directs the IHS to develop and implement a program of comprehensive alcohol and substance abuse prevention and treatment services for Indian youth—that is, Indians eligible for IHS services who are 18 years of age or younger, or who are attending secondary school. This program should include a continuum of services appropriate to the needs of Indian tribes, as defined by those tribes, including counseling services, detoxification, and follow-up care. This program should also include training for those individuals identified by the tribes as having responsibility for the education or supervision of Indian youth, including Community Health Representatives. The training should include: instruction in crisis intervention, pharmacology, family relations, and the causes and effects of fetal alcohol syndrome.

The Committee intends that this program of prevention and treatment of alcohol and substance abuse supplement existing efforts currently underway at the local level, and that it not disrupt tribal control. To assure that this program is sensitive to the needs and circumstances unique to eligible Indians in each IHS service unit, the Committee bill requires that the program be developed in consultation with Indian tribes and organizations. The Committee expects that, wherever appropriate, the IHS will rely for the provision of such services on Indian tribes or tribal organizations contracting under the Indian Self-Determination Act (P.L. 93-638). The Director of the IHS is to report to the Congress within 24 months after enactment on the progress made in implementing this program.

The Committee bill further provides that, whenever appropriate and consistent with the needs of an Indian tribe or tribal organization, the IHS shall use existing Federally-owned structures suitable as residential alcohol and substance abuse treatment centers for Indian youths. The IHS, in consultation with professionals involved in the clinical treatment of alcohol and substance abuse among Indian youth, is directed to establish guidelines for the suitability of any such structure for this purpose. The IHS may use BIA school facilities for the treatment of non-students, but only if the school board of the school has given its consent. The Committee bill makes explicit that under no circumstances is any clinically inappropriate or structurally unsound building to be used as a treatment center. Any renovations of Federally-owned structures identi-

fied for use as treatment facilities are to be undertaken in conformity with clinical requirements prescribed by experts in juvenile alcohol and substance abuse treatment. The Committee bills provides no authority to construct new residential treatment facilities.

The Committee bill authorizes the appropriation of such funds as are necessary for the IHS prevention and treatment program for Indian youths and for the renovation of treatment facilities. The Committee does not intend that resources be diverted from current IHS program activities for this purpose; instead, it believes that additional resources must be made available. The Committee notes that the House of Representatives, has already begun to make available some of the additional resources that will be necessary by approving, on July 31, 1986, the Interior and Related Agencies Appropriations Bill for fiscal year 1987, H.R. 5234. This bill provides for an increase of \$1 million in the IHS budget for a substance abuse prevention program, including a number of community prevention demonstration programs with particular emphasis on Indian youth.

NAVAJO ALCOHOL REHABILITATION DEMONSTRATION PROGRAM

Section 505 (Navajo Alcohol Rehabilitation Demonstration Program) authorizes the Secretary of Health and Human Services to make grants to the Navajo tribe to establish a demonstration program in the city of Gallup, New Mexico, to rehabilitate adult Navajo Indians suffering from alcoholism or alcohol abuse. \$400,000 is authorized for the purpose of section 505 in each of fiscal years 1987, 1988 and 1989.

Despite improvements in health status among members of the Navajo Nation, the Office of Technology Assessment found that alcoholism and alcohol abuse remain a major health problem for the Navajo. According to the most recent data assembled by the OTA, liver disease and cirrhosis were the fifth leading cause of death among the Navajo in the 1980-1982 period. The death rate from liver disease and cirrhosis among the Navajo was 48.1 per 100,000 population, or more than 4 times that of the general U.S. population. Accidents, which are often associated with alcoholism and alcohol abuse, were the first leading cause of death among the Navajo. Pneumonia, which may also be related to alcohol abuse, was the fourth leading cause of death among the Navajo.

Testimony given before the Committee's Health and Environment Subcommittee on March 8, 1985, presented a stark picture of the corrosive effects of alcoholism and alcohol abuse on the Navajo community. Mr. Abe Rodriguez, Director of Alcohol Beverage Control for the State of New Mexico, testified that, during the course of an investigation into the extent of the problem among the Navajo, "I came to find out that if [those with a dependency] can't get alcohol, they will drink Listerine, vanilla extract, shaving lotion, mouthwash . . . anything that contains alcohol." At the same hearing, a representative from the Navajo Nation urged the establishment of an on-reservation alcohol treatment facility, avoiding the cultural and linguistic barriers which discourage the Navajo from seeking treatment at off-reservation facilities. The IHS acute care facilities now serving the Navajo Nation apparently

do not have the capacity to provide long-term residential treatment for the adult alcoholic.

According, the Committee bill authorizes a 3-year demonstration program, funding at \$400,000 per year, for the rehabilitation of adult Navajos suffering from alcoholism or alcohol abuse in a free-standing residential facility. The bill directs the Secretary of HHS to make grants to the Navajo tribe to establish the program in Gallup, New Mexico, where, according to the testimony received by the Subcommittee, the incidence of alcohol abuse is especially high. The Committee bill directs the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to evaluate the demonstration and to report to the Congress by January 1, 1990. The Committee expects that, in designing the demonstration project, both the IHS and the Navajo Nation will consult with the NIAAA in order to facilitate that agency's evaluation efforts. No less than 90 percent of the funds are to be applied to the provision of rehabilitation services.

Section 506 contains definitions of terms used in title V.

TITLE VI—ADVISORY COMMISSION ON THE COMPREHENSIVE EDUCATION OF INTERCOLLEGIATE ATHLETES

Title VI of the Committee proposal establishes an Advisory Commission on the Comprehensive Education of Intercollegiate Athletes. The primary reason for establishing an independent commission is to study the reasons for drug abuse among college and university student-athletes which has recently come to the nation's attention. These events have revealed that many participants in intercollegiate sports are not attending classes and are failing to receive a well-rounded education. The committee believes that a collegiate sports career, at the expense of an adequate education does not prepare the student athlete for life and makes them vulnerable to drug abuse. Because student-athletes often serve as role-models for our youth and fellow students, it is important to focus attention on the problem of drug use among this group of young people.

The National Collegiate Athletic Association (NCAA) has conducted some in-house reviews of its own programs from time to time. This important issue has not, however, been examined by an objective, independent body in recent years. The Committee proposal provides a forum for a careful and dispassionate appraisal of the drug abuse problem among college athletes.

Section 601—Establishment

Establishes the Advisory Commission on the Comprehensive Education of Intercollegiate Athletes.

Section 602—Duties of Commission

The purpose of the Commission is to investigate and advise Congress regarding issues related to intercollegiate athletics. Among other issues, the Commission will examine:

1. The prevalence of drugs in college sports, examining the role of colleges and universities in discouraging illegal drug use by athletes, and whether there should be mandatory drug testing for college athletes.

2. The impact of television on intercollegiate athletics, examining in particular both the negative and positive effects of the revenue generated by TV on schools and their athletes.

3. The balance between athletics and academics, examining in particular the need for stricter eligibility requirements for athletes and the need for a reduced number of athletic competitions to allow for greater pursuit of academic goals for athletes.

4. The extent of the involvement of federal and state governments in intercollegiate athletics, to include taxes, grants-in-aid, and student loans.

Section 603—Membership

The Commission will be composed of 16 members.

- 1 college or university president;
- 2 college or university professors;
- 2 college or university admissions officers;
- 1 college or university academic advisor;
- 1 retired or active college or university coach;
- 1 retired or active college or university athletic director;
- 1 high school principal, guidance counselor, or teacher;
- 1 college or university student athlete;
- 1 member from one of the six regional university accrediting associations;
- 1 member who is associated with the NCAA;
- 1 physician with special knowledge of sports medicine and drug abuse;
- 1 former or current Member of the House of Representatives;
- 1 former or current Member of the Senate; and
- 1 member unassociated with college academics or athletics.

Members of the Commission will serve without pay, but will be reimbursed for their expenses.

The Chairman of the Commission will be the Member of the House; the Vice-Chairman will be the Member of the Senate.

Section 604—Meetings

An organizational meeting at which rules and procedures will be determined will be called by the Chairman within 30 days of the appointment of all the members. Half of all members will constitute a quorum.

Section 605—Staff of Commission; experts and consultants

Subject to the rules of the Commission, the chairman will appoint and fix the pay of a staff for the Commission. The staff will be paid in accordance with chapter 51 and subchapter III of chapter 53 of Title 5, United States Code, relating to classification and general schedule of pay rates.

The Chairman may procure temporary consulting services.

Upon request of the Chairman, the head of any Federal agency shall detail personnel to assist the Commission in its work.

Section 606—Powers of Commission

The Commission may hold hearings and take testimony as it considers appropriate. It may obtain official data from any federal agency. It may use the U.S. mails in the same manner as any federal agency. It may use federal administrative support services and office space.

Section 607—Report

The Commission will transmit to Congress a report of its recommendations within 18 months of its organizational meeting.

Section 608—Termination

The Commission will cease to exist 60 days after submitting the report.

Section 609—Authorization of appropriations

There are authorized to be appropriated for fiscal years beginning after FY 1986 not to exceed \$650,000 to carry out the provisions of this title.

TITLE XVI—ALKYL NITRITES

Section 701 provides that alkyl nitrites and their isomers shall be regulated under the Federal Food, Drug and Cosmetic Act and treated as a drug when sold directly to the public.

The purpose of this section is to prevent the continued abuse of alkyl nitrite inhalants known to drug abuse experts as "Poppers." These substances are sold over-the-counter in many States and municipalities. They are commonly used as drugs of abuse by children, teenagers and adults. The National Institute on Drug Abuse's 1985 High School Survey of Drug Use Among American High School Students reports that 8% of High School Seniors reported use of amyl and butyl nitrites. Although a number of States have taken action to ban or restrict the sale of these products, regulation is uneven and difficult to enforce.

The scientific literature documents that alkyl nitrite inhalants can cause severe health effects including headaches, delirium, confusion and in some cases death.

The Committee understands that alkyl nitrites are principally sold to consumers as so-called "room odorizers". Despite their sale under the pretense of room odorizer, the Committee is aware of reports that these products are purchased solely for their euphoric effect.

In light of the risk of injury presented to the public from the use of these products, the Committee believes they should be subject to Federal regulation. Amyl nitrite is already classified by the Food and Drug Administration as a drug and its sale is restricted by prescription. By classifying alkyl nitrite inhalants and their isomers as drugs, section seven of the bill will require that manufacturers of poppers demonstrate to the FDA that butyl nitrite is safe and effective for use as an inhalant. The Committee expects the FDA to apply the provisions of Section 505 of the Food, Drug and Cosmetic Act to applications from manufacturers seeking approval to sell products containing alkyl nitrites or their isomers to the public.

AGENCY VIEWS

The Committee has not received agency comments on H.R. 5334.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3 of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE V—ADMINISTRATION AND COORDINATION OF THE NATIONAL INSTITUTE OF MENTAL HEALTH, THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM, AND THE NATIONAL INSTITUTE ON DRUG ABUSE

PART A—ADMINISTRATION AND INSTITUTES

* * * * *

AGENCY FOR SUBSTANCE ABUSE PREVENTION

SEC. 507. (a) There is established in the Alcohol, Drug Abuse, and Mental Health Administration the Agency for Substance Abuse Prevention. The Agency shall be headed by a Director appointed by the Secretary from individuals with extensive experience or academic qualifications in the prevention of drug or alcohol abuse.

(b) The Director of the Office shall—

(1) sponsor regional workshops on the prevention of drug and alcohol abuse,

(2) coordinate the findings of research sponsored by agencies of the Service on the prevention of drug and alcohol abuse,

(3) develop effective drug and alcohol abuse prevention literature (including literature on the adverse effects of cocaine free base (known as "crack"),

(4) create public service announcements for radio and television broadcasting on the prevention of drug and alcohol abuse,

(5) in cooperation with the Secretary of Education, assure the widespread dissemination of prevention materials among States, political subdivisions, and school systems,

(6) support programs of clinical training of substance abuse counselors and other health professionals,

(7) in cooperation with the Director of the Centers for Disease Control, develop educational materials to reduce the risks of acquired immune deficiency syndrome among intravenous drug abusers, and

(8) administer the allotment programs under part D of title XIX.

(c)(1) There is established an advisory board to advise the Director of the Office in carrying out subsection (b). The Board shall—

(A) advise the Director and the White House Conference on Drug Abuse and Drug Trafficking Control and other govern-

mental agencies in promoting an awareness among the general public about the problems of drug use and the need to prevent drug use among young people,

(B) advise the Director with respect to establishing priorities in conducting an informational campaign aimed at preventing drug abuse,

(C) advise the Director on the most effective means of communicating to the public the problems associated with drug abuse and how best to provide information that will contribute towards the prevention of drug abuse,

(D) promote an awareness among the media throughout the country about problems relating to drug use,

(E) encourage media outlets throughout the country to provide information, including public service announcements, to be aimed at assisting in the prevention of drug use,

(F) advise the Director and media entities in the preparation and production of material, including public service announcements, aimed at discouraging drug use by young people,

(G) encourage private sector initiatives aimed at drug abuse prevention,

(H) encourage local broadcasters, newspapers, cable systems, and other media outlets to work closely with their local community, including representatives of schools, businesses, and religious and parent groups, to devise effective means for disseminating information about the need to discourage drug use by young people, and

(I) aid in coordinating the efforts of all Federal agencies to provide information to the public on the need for drug abuse prevention and on the problems related to drug abuse.

(2) The advisory board established under paragraph (1) shall be composed of 15 members appointed by the Secretary and shall include representatives from radio and television broadcasting, cable communications, program production, the print media, advertising media, and professional sports associations. A member of the advisory board shall receive no compensation by virtue of the member's appointment to the advisory board.

(3) The Secretary shall provide the advisory board with such administrative support services as it may require to carry out paragraph (1).

(d) The advisory board shall terminate upon the expiration of 3 years after the date of the enactment of this section unless the President extends it by Executive Order.

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TITLE XIX—BLOCK GRANTS

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**PART D—EMERGENCY SUBSTANCE ABUSE TREATMENT AND
PREVENTION**

AUTHORIZATION OF APPROPRIATIONS

SEC. 1935. For the purpose of the Agency for Substance Abuse Prevention and for allotments under sections 1937 and 1938, there is authorized to be appropriated \$180,000,000 for fiscal year 1987.

AGENCY FOR SUBSTANCE ABUSE PREVENTION

SEC. 1936. Of the funds appropriated under section 1935, \$30,000,000 shall be made available for the Agency for Substance Abuse Prevention established under section 507.

ALLOTMENTS FOR TREATMENT SERVICES FOR DRUG ABUSE

SEC. 1937. (a) From two thirds of the amount appropriated under section 1935 and available for allotments, the Secretary shall allot to each State an amount determined by a formula prescribed by the Secretary which is based equally on the population of each State and on the population of each State weighted by its relative per capita income. Any amount paid to a State from its allotment and remaining unobligated at the end of fiscal year 1987 shall be returned to the Treasury.

(b) Amounts paid to a State under its allotment under subsection (a) shall be used to provide treatment and rehabilitation services for persons suffering from drug abuse. In using its allotment under subsection (a), a State shall give priority, to the extent practicable, to treatment and rehabilitation services for individuals in the age group 15 to 25.

(c) In order to receive an allotment under subsection (a) each State shall transmit an application to the Secretary. Each such application shall be in such form and transmitted by such date as the Secretary shall require. Each such application shall contain a plan for the use of amounts paid to the State under its allotment in accordance with this section and section 1939.

ALLOTMENTS FOR COMMUNITY-BASED PREVENTION ACTIVITIES

SEC. 1938. (a) From one third of the amounts appropriated under section 1935 and available for allotments, the Secretary, acting through the Agency for Substance Abuse Prevention established under section 507, shall allot to each State an amount determined on the basis of the relative population of each State in the age group of 5 through 24.

(b) Amounts paid to a State under its allotment under subsection (a) shall be used for—

(1) the development by the State of a substance abuse prevention education program,

(2) the development of community-based substance abuse prevention activities among school-aged children which will make the use of drugs unattractive to such children, and

(3) the development by the State of an education program relating to the risks of acquired immune deficiency syndrome among individuals who use drugs intravenously and relating to

the transmittal of acquired immune deficiency syndrome from pregnant women to unborn children.

(c) In order to receive an allotment under subsection (a) each State shall transmit an application to the Secretary. Each such application shall be in such form and transmitted by such date as the Secretary shall require. Each such application shall contain a plan for the use of amounts paid to the State under its allotment in accordance with this section and section 1939.

GENERAL PROVISIONS

SEC. 1939. (a) A State may not use amounts paid to it under its allotment under section 1937 or 1938 to—

- (1) provide inpatient hospital services,
 - (2) make cash payments to intended recipients of health services,
 - (3) purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment,
 - (4) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds,
 - (5) pay administrative costs, or
 - (6) provide financial assistance to any entity other than a public or nonprofit private entity.
- (b) The provisions of part B which are not inconsistent with subsection (a) or section 1937 or 1938 shall apply with respect to allotments made under sections 1937 and 1938.

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COMPREHENSIVE DRUG ABUSE PREVENTION AND CONTROL ACT OF 1970

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TITLE II—CONTROL AND ENFORCEMENT

PART A—SHORT TITLE; FINDINGS AND DECLARATION; DEFINITIONS

SHORT TITLE

SEC. 100. This title may be cited as the "Controlled Substances Act".

* * * * *

DEFINITIONS

SEC. 102. As used in this title:

(1) * * *

* * * * *

(31)(A) Except as provided in subparagraph (B), the term "controlled substance analog" means a substance—

(i) the chemical structure of which is substantially similar to the chemical structure of a controlled substance in schedule I or II; and

(ii) which has a stimulant, depressant, or hallucinogenic effect on the human central nervous system; or

(II) with respect to a particular person, which such person represents or intends to have a stimulant, depressant, or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance.

(B) Such term does not include—

(i) a controlled substance;

(ii) any substance for which there is an approved new drug application;

(iii) with respect to a particular person any substance, if an exemption is in effect for investigational use, for that person, under section 505 of the Federal Food, Drug, to the extent conduct with respect to such substance is pursuant to such exemption; or

(iv) any substance that is the subject of preclinical research if the substance is not intended for human consumption.

(32) The term "human consumption" means any use of a substance that allows the substance to have an effect in or on the human body through inhalation, injection, application, or ingestion.

PART B—AUTHORITY TO CONTROL; STANDARDS AND SCHEDULES

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TREATMENT OF CONTROLLED SUBSTANCE ANALOGS

SEC. 203. A controlled substance analog shall, to the extent intended for human consumption, be treated, for the purposes of the

*Controlled Substances Act and the Controlled Substances Import
and Export Act as a controlled substance in a schedule I.*

* * * * *

DISSENTING VIEWS ON H.R. 5334—DRUG ABUSE PREVENTION AND TREATMENT ACT

The abuse of drugs is unquestionably a significant problem in the United States today. However, Congress cannot solve the problem by throwing out money through hastily conceived, unproven new programs. It is irresponsible to rush to authorize appropriations for new programs in response to a perceived drug abuse "crisis."

At least eight other committees are expected to report out legislation designed to combat drug abuse before the Labor Day work period. Each committee should not take upon itself the responsibility to solve the nation's drug abuse problems. Each committee should not authorize new programs that will not only duplicate existing authorities, but will also duplicate programs being authorized for the first time by other committees.

There are several provisions in H.R. 5334 which are duplicative of current authorities or which create new authorities of dubious merit.

Title I of H.R. 5334 authorizes \$180 million in new appropriations to supplement the Alcohol, Drug Abuse and Mental Health Block Grant. Of this amount, \$30 million would be dedicated to the establishment of yet another new Federal agency to deal with drug abuse. According to a report prepared by the Office of Management and Budget, in cooperation with the Drug Abuse Policy Office in the Office of Policy Development, more than \$1.7 billion will be spent on drug abuse activities through twelve executive branch departments and agencies in FY 1986. There is absolutely no need to establish a new agency.

The balance of the \$180 million in new authorization would be used for treatment and prevention services. This authorization is included despite the fact that the Subcommittee on Health and the environment has not held any recent hearings about the effective use of funds to improve treatment or prevention services for drug abuse.

Of course, the States generally prefer to receive more money through block grants rather than less, but there is no reason to believe that the States can use the newly authorized money more effectively than funds that have already been appropriated. Moreover, if the States are to be appropriated additional funds, they should be allowed to determine how the funds are best spent, whether for prevention or treatment. By requiring that the States spend one third of the appropriated funds for prevention and two thirds for treatment, H.R. 5334 continues an attempt to return to categorical programs rather than allowing States maximum flexibility in using block grant funds. It should be noted that the Education and Labor Committee is likely to report out legislation to increase funding for prevention activities in the schools. There is no indication that H.R. 5334 reflects any coordination between the

Energy and Commerce Committee and the Education and Labor Committee in reporting out nonduplicative legislation.

Title II of the bill establishes a White House Conference on Drug Abuse and Drug Trafficking Control. One of the stated purposes of this conference is to increase public awareness of the problems of drug abuse and drug trafficking control. There are many agencies, public and private, which are currently doing this, including, at the White House level, the Drug Abuse Policy Office at the Office of Policy Development. There is no need for a new commission.

Title V of H.R. 5334 provides new authority for the treatment of Indian juveniles with alcohol and substance abuse problems. These authorities are very similar to those contained in H.R. 1156, which has been reported out by the Education and Labor and Interior and Insular Affairs Committees.

The title also contains specific authority for a treatment center in Gallup, New Mexico, authorized in the Indian Health bill reported out by this and the Interior Committee in 1985. There is no need for this Committee to duplicate or repeat authorizations for programs like these, which are aimed primarily at alcohol problems, in order to include them into a drug abuse legislative package.

Finally, the bill contains authorization for an Advisory Commission on the Comprehensive Education of Intercollegiate Athletes. While the problem of athletes taking drugs is certainly serious, the media should not dictate to Congress its priorities. In the entire scheme of things, intercollegiate athletes represent a very small segment of the population. To single them out for a national commission is unnecessary and without basis. No hearings have been held about this title. It is ill-conceived and hastily drafted.

In summary, H.R. 5334 appear to have been put together as an amalgam of several legislative proposals of dubious merit. We do not think it appropriate to report out such legislation in order to respond to a deadline imposed by the Majority Leadership. The problem of drug abuse deserves solutions derived from reflection and analysis, not political expediency. We believe that the substitute offered by Mr. Madigan that failed to pass the Committee by a single vote represented a reasonable, fiscally sound, nonduplicative approach to the problem of drug abuse.

NORMAN F. LENT.
EDWARD R. MADIGAN.
CARLOS J. MOORHEAD.
BILL DANNEMEYER.
BOB WHITTAKER.
THOMAS J. TAUKE.
DAN COATS.
JACK FIELDS.
HOWARD C. NIELSON.
TRENT LOTT.

**DISSENTING VIEWS OF CONGRESSMAN MIKE BILIRAKIS TO
H.R. 5334, DRUG ABUSE PREVENTION AND TREATMENT ACT**

There is probably no one who would disagree that drug use among Americans is a serious problem deserving a lot of attention. However, in a bill that the committee barely had time to examine let alone reflect upon, with a price tag in excess of \$180 million, we have many new spending programs, some of which are good and some of which appear to have little value.

I am particularly concerned with the establishment of a \$650,000 commission to investigate and advise the Congress on issues related to athletic programs at colleges and universities and the use of drugs by athletes. Not only would this commission be charged with the use of drugs by athletes, it would also be responsible for investigating the balance between athletics and academics, and the role of regulation and enforcement in athletic recruiting, financing and scheduling.

The establishment of such a commission is unnecessary since the National Collegiate Athletic Association (NCAA) has already established its own commission to address these problems. I believe the committee has lost its perspective and has gotten carried away because of media hype. To suggest that we concentrate such a vast sum of money on college athletics is ludicrous at best, when we consider that there are drug counselors with Masters Degrees making \$12,000 a year and many children on drug rehabilitation center waiting lists throughout this nation.

Under the bill, the White House Conference on Drug Abuse and Drug Trafficking Control hopefully, has the authority to expand its authority to include a special review of the use of drugs by participants in intercollegiate athletics and other students at colleges and universities. The establishment of another commission is not necessary. We have finite resources to address the national drug problem and the lack of adequate treatment facilities, yet there is an inappropriate emphasis being placed on college sports heroes. One must ask if this group of athletes is more important than the youngsters waiting in line to be admitted to overcrowded drug rehabilitation programs. If the needs of these children are not addressed, they'll never make it to college. Common sense should tell us not to direct \$650,000 to a commission on athletics. A short time ago, this committee agreed to create a Boxing Commission—my question is when will it end. Will the next commission be for polo players and the drugging of their horses?

MIKE BILIRAKIS.

DISSENTING VIEWS OF HON. MICHAEL G. OXLEY ON H.R.
5334 AS REPORTED BY THE COMMITTEE ON ENERGY AND
COMMERCE

I concur with the positions expressed in the minority dissenting views on H.R. 5334, with the exception of the objection to Title II, which establishes a White House Conference on Drug Abuse and Drug Trafficking Control.

I am a cosponsor of the "White House Conference on Narcotics and Control Resolution of 1986," introduced by the Chairman and Ranking Minority Member of the Select Committee on Narcotics Abuse and Control on which I serve, which urges President Reagan to convene a White House Conference on drug abuse and trafficking.

I believe such a conference would serve as a very useful forum for bringing together the best minds in our country to develop a coordinated, comprehensive national strategy to combat drug abuse and trafficking. It would furthermore help increase public awareness of the pervasiveness and severity of the drug problem which now afflicts not only the big cities but rural areas of the nation as well.

President Reagan has had great success in the past utilizing the knowledge of experts and others with a broad perspective on public policy. The Greenspan, Grace and Rogers Commissions come immediately to mind. I believe the President should have the same opportunity to convene a similar body for the purpose of developing an effective strategy to combat drug abuse and trafficking in this country.

MICHAEL G. OXLEY.

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